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ABSTRACT

This Kids Count report examines statewide trends in the well-being of Washington's children. The statistical portrait is based on five general areas of children's well-being: family and community, economic well-being, health, education, and safety and security. The 26 key indicators of child well-being are: (1) family composition; (2) teen birth rate; (3) children in out-of-home care; (4) parent's educational attainment; (5) family income; (6) employment; (7) support for children; (8) distressed areas; (9) low birthweight; (10) infant mortality; (11) infectious disease; (12) childhood mortality; (13) hospitalizations; (14) oral health; (15) substance abuse; (16) suicide; (17) fourth grade reading; (18) eighth grade math scores; (19) access to higher education; (20) school enrollment; (21) child abuse; (22) motor vehicle deaths; (23) unintentional deaths; (24) homicide and violence; (25) juvenile arrests; and (26) juveniles in custody. Results are presented as a state summary and track available data ranging from 1970 through 1993. Summary information, specific information, and a commentary are presented for each of the five general areas examined. The report shows improvement in infant mortality, prenatal care, insurance coverage, and child mortality rates. However, worsening rates are evident in income, unmarried births, tobacco use, fourth-grade reading rates, child abuse, children in out-of-home care, arrests for violent crimes, and incarcerations. (SD)

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The State of Washington's Children

SEPTEMBER 1995

REPORT

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The State of Washington's Children

SEPTEMBER 1995

This is the fourth annual report on *The State of Washington's Children*. It was produced by the University of Washington School of Public Health and Community Medicine in collaboration with the UW Human Services Policy Center. This report is part of the Washington Kids Count Project, which receives major funding from the Annie E. Casey Foundation.

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University of Washington
School of Public Health and Community Medicine

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Frederick A. Connell, director of the UW Maternal and Child Health Program, directs this project. Alice Porter, UW Health Policy Analysis Program, is managing editor.

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THE STATE *of* WASHINGTON'S CHILDREN

CONTENTS

The State of Washington's Children: Abstract	4
How Are We Doing?	5
Washington's Children	6
Family and Community	11
Family Composition	12
Births to School-Age Mothers	13
Children in Out-of-Home Care	14
Parents' Educational Attainment	15
Commentary: Home Alone	16
Economic Well-Being	17
Family Income	18
Employment	19
Support for Children	20
Distressed Areas	21
Commentary: Work and Welfare	22
Health	23
Low Birthweight	24
Infant Mortality	25
Infectious Diseases	26
Childhood Mortality	27
Hospitalizations	28
Oral Health	29
Substance Abuse	30
Suicide	31
Commentary: Health Care for Washington's Future	32
Education	33
Fourth Grade Reading	34
Eighth Grade Math Scores	35
Access to Higher Education	36
School Enrollment	37
Commentary: Resources for Education	38
Safety and Security	39
Child Abuse	40
Motor Vehicle Deaths	41
Unintentional Injuries	42
Homicide and Violence	43
Juvenile Arrests	44
Juveniles in Custody	45
Commentary: The Costs of Violence	46
Sources	47

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ABSTRACT

This is the fourth annual report on *The State of Washington's Children*. As in previous years, we examine indicators that reflect the well-being of children in five areas: Family and Community; Economic Well-Being; Health; Education; and Safety and Security. As in previous years, we find evidence of success and improvement in some areas (e.g., infant and child mortality, injuries, preventive health care); worsening conditions in other areas (e.g., family composition, family income, crime and child abuse) and several indicators that show no significant change but remain at worrisome, unacceptable levels (e.g., teen pregnancy, educational attainment, substance abuse, suicide and youth violence). These trends are summarized on the facing page.

Overall, we conclude that . . .

- The needs of children in our state — for health services, for education, for social services and for protection and safety — are high and likely to increase in the future.

- Financial resources and employment opportunities are inadequate for too many families in our state.

- While health indicators have improved, recent changes in the health care system intended to promote cost savings and competition may jeopardize this progress.

- The educational attainment of our state's children is unsatisfactory, and educational resources are likely to become more inadequate in the future.

- For growing numbers of children in our state, their families, homes and streets are more likely be a source of danger than of nurturance.

Even in the face of this large and growing set of concerns, the political climate at both the federal and state level may limit the ability of government to address these problems. We will need to rethink and redesign the ways in which we support children, families, and communities in Washington.

Four principles should guide the development of new policies: explicitly articulating their anticipated consequences; clarifying their intent; promoting accountability; and monitoring needs and progress. Parents, community leaders, employers and citizens need to stay involved and keep informed. We create the world in which our children grow and develop, as well as the world that we will all inherit.

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WASHINGTON'S CHILDREN

HOW ARE WE DOING?

Some Measures Are Improving ..... See Page

Infant mortality in our state has already fallen below the Surgeon General's Goal for the Year 2000 of 7 per 1,000 25

Because of the First Steps Program, more pregnant women (81%) are beginning prenatal care in their first trimester 24

More children have health insurance; 97% of pediatric hospitalizations are now covered 28

Child mortality rates for both younger and older children have been reduced by half over the past 25 years 27

The parents of Washington's children with a college degree more than doubled from 1960 to 1990 15

Other Measures Are Getting Worse

The incomes of families with children are losing ground, declining by 1% in 1992-93 18-19

The proportion of babies in our state being born to single mothers now exceeds 1 in 4 and is still going up 12

Employment in high-wage jobs is declining and average wages are below 1984 levels 19

Tobacco use is up to 25% among 12th-graders, and other substance use is intolerably high 30

Almost half (44%) of fourth grade children fail to read at a basic level of competence 34

Reported cases of child abuse are at an all-time high of 83,000 40

The number of children in out-of-home care continues to rise, with at least 6,000 children in foster care 14

The arrest rate for violent crimes is increasing and is now about 5 per 1,000 44

The number of Washington youth who are incarcerated is increasing 45

Many Measures Are Still Unacceptable

The rate of low birthweight births has not improved in the past 15 years 24

Teen pregnancy rates are stable, but at 1 in 16 girls, they are still higher than in other developed nations 13

While immunization rates have improved, nearly half of Washington's 2 year-olds have not been fully immunized 26

Suicide rates are higher than they were 20 years ago, with 20% of youth saying they consider it 31

The ratio of teachers to pupils in our public schools is one of the lowest in the nation 37

A third of children live in families that cannot afford the basic necessities 18

Serious racial disparities still exist among our state's children in reading and math scores 34-35

Firearms cause almost a fourth of all deaths of older teenagers 43

Access to four-year universities in Washington is barely adequate and is likely to get worse for the next 15 years 36

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SUMMARY

This is our fourth report on *The State of Washington's Children*. Looking back, we find that there are trends in which we can take pride and satisfaction.

- The physical health of our children — whether measured in such terms as infant mortality or rates of fatal conditions — is improving. Parents in 1995 are less likely than ever to experience the tragedy of losing a child to disease or injury.
- Preventive care is improving; compared with five years ago, more children are getting vaccinated and more women are receiving prenatal care.
- Serious injuries have declined, largely due to public policies and programs directed at highway, recreational, automobile, home and pedestrian safety.
- More children have health insurance coverage.
- Teen pregnancy is no longer increasing.
- Youth suicide rates are dropping.

Unfortunately, we find many more trends that concern us.

Families are losing ground financially. More than a third of children are growing up in households where the total incomes are insufficient to meet basic necessities.

The disparity in income between the comfortable and the poor continues to widen. Families headed by single women, by parents younger than 30 years old or by persons of color are losing ground fastest.

Children are growing up today, not only with less financial security, but also with less adult presence. In addition to the rise in single-parent families, we see that in many two-parent households, both parents are working. While declining average wages make this an economic necessity, it means less time, and often less energy, to nurture and supervise their children.

Many of our communities and neighborhoods are not working well for our children. There are fewer neighbors, fewer adults, available during the day to watch over children. And in many neighborhoods, economic distress, unemployment, crime and violence create destructive environments for our children, not protective ones in which they can grow and learn. The availability and affordability of day care, recreational and after-school programs are not keeping up with the need.

In many communities, "There are fewer neighbors, fewer adults, available during the day to watch over children."

Nearly half the fourth grade children in Washington fail to read at a basic level of competence suitable for their age.

Our institutions are being asked to do more with less. Case workers in Child Protective Services and child care licensing are overburdened, reducing their ability to protect our children. The state cannot find adequate numbers of qualified foster parents. Elementary and secondary schools are not able to meet the growing list of demands placed on them.

LOOKING FORWARD

Much of the information in this report speaks to the future as well as the past. The view ahead is not at all comforting.

First, we can expect more children. By the year 2000, the teen population will have grown — compared with 1990 — by more than 25%. This will mean greater demand on our schools and colleges, greater demand for community service, and unless things change, a greater demand on the courts and jails of this state.

Not only will there be more children, but they are likely to be more diverse, requiring specialized medical, translation and social services.

It is likely that the proportion of children growing up without a father will continue to increase throughout the next decade. Because of the recent escalation in the proportion of single women having babies, we can expect that a growing share of Washington's children will never live together with both parents.

"It is likely that the proportion of children growing up without a father will continue to increase throughout the next decade."

The financial outlook is not encouraging. The growth in low-paying jobs, and the decline in high-paying jobs, predicts that in growing numbers of two-parent households, both parents will need to work — and still they may not make enough to meet the needs of their families.

The current paucity of higher education slots in our state will further exacerbate this trend. A high school diploma no longer guarantees a wage that will support a family, and the number of young adults will grow by 250,000 over the next 15 years.

Our institutions may not be able to keep up. Not only is it likely that the demand for public programs will increase (for the reasons listed above), the cap on public revenues mandated by Initiative 601, combined with growing voter sentiment to reduce public programs will result in a future in which many services that are currently under-funded will become even more stressed in the future.

Our schools are being asked to meet a greater scope of needs, e.g., programs for multilingual students, services for children with serious handicaps and medical problems, in addition to the basic demands to educate future workers and citizens of this state. With less money.

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As private insurance becomes unaffordable, Medicaid — the largest single payer for medical care for children in this state — is being asked to cover an increasing number of children — many of them with complex, high-cost disabilities. With less money.

The growth in the number of children, and in the number of high- risk children, means that social service agencies — Child Protective Services, WIC, family reconciliation services — will be asked to serve a growing number of clients. With less money.

FUTURE SHOCK

We appear to be on a collision course between rising needs and diminishing resources. It is time to rethink how we can best apply government, community and individual resources to protect the health and safety of our children and to enhance their growth and development.

Many ideas have been articulated that address these challenges. It has been suggested that the best way to do this is to shift the responsibility for social programs from the federal to the state level or from the state to local level. It has been suggested that more responsibility be required from parents and less from the government. It has been suggested that the funding and rules for government aid be less categorical, more flexible — so-called "block grants." It has been suggested that we need to build more coalitions, promote public-private partnerships, enhance community involvement and empower neighborhoods and families.

"It has been suggested that more responsibility be required from parents and less from government."

These ideas all have merit. They may represent opportunities to improve on the status quo. Properly implemented, each could result in better services, stronger families and healthier children. Improperly implemented, these ideas could spell disaster for our children and our state.

In this report we do not choose to advance one approach over another. We do suggest, however, that whatever changes are made, whatever new philosophies or policies are implemented, four principles should be considered and addressed.

Principle #1 - Articulate the Anticipated Consequences

Policy makers must be honest with the public about the potential costs, benefits, savings and suffering that might result from any new policies or programs. New policies, whether they entail the creation of programs, reduction of existing programs, or change in program structure, should be founded on an explicit analysis of their potential impact. Is there research on the effectiveness of this or similar programs? What are the likely consequences to children, families and communities? How would other agencies and programs be affected? What are the consequences of simply doing nothing?

Currently, essential information may be lacking to predict impact. Nevertheless, new methods, "child impact studies," can and should be developed to inform the development of policy and serve as the basis for evaluating it.

Principle #2 - Clarify the Intent

Any policy, any program, any agency should have clearly articulated and broadly disseminated statements of its mission and goals. For example, a program may be developed to prevent adverse outcomes, to provide services or to collect and disseminate information. These goals should be understood by those who are responsible for implementation and by those to whom they are accountable. In other words, they constitute the basis for what is done and what is expected.

This kind of clarity is vital to focus efforts and ground the perceptions of the public about what we should and should ***not*** expect from government programs.

Principle #3 - Promote Accountability

It is important to consider how the principal of accountability can be applied to the protection and promotion of the well-being of children in our state. While agency heads may be called on the carpet for mistakes or crises, this is not real accountability. Social programs generally do not have an agreed-upon "bottom line," that is, positive measures of program aspirations and achievements against which programs should be measured. Because so many programs, agencies, and community groups are involved in health and social services, it is often impossible to identify who should be accountable for these results — either positive or negative.

"We must devise systems that ... can measure how well we are doing in achieving our goals."

The involvement of broad coalitions and the creation of new partnerships exacerbate this diffuseness. If we want greater public confidence that government and community resources are being used wisely and effectively, it is reasonable to expect the leadership of these efforts — that is, *individuals* — to be held more accountable for measurable outcomes. Developing consensus about *who* should be accountable for *which* measurable outcomes will likely be both difficult and threatening. (The articulation of goals, as outlined above, can provide a good beginning.)

Nevertheless, if we do not embrace the challenge to create a more visible system of accountability, we may continue to see an erosion of support for child and family programs among the public and elected officials.

Principle #4 - Assess Needs and Performance

To develop greater accountability, we will need better ways to measure policy and program performance. We must devise systems that monitor short- and long-term outcomes, that can measure how well we are doing in achieving our goals. This will not be easy. It will require creativity, co-operation and resources. It will require both conceptual and technical work. We need to:

- as indicated above, agree on mission and goals;

- develop measures, not only of the failures (child abuse deaths) but of the achievements. We need to develop measures of where we want to be, and how far we are moving toward that goal.

- design and implement systems for collecting data and for producing good information in a timely fashion. We cannot hold individuals accountable with the two- to three-year old information that we currently use. Critical income and demographic information is available only every 10 years from the U.S. Census.

- produce information at the community level. State- or county-level data is often too broad to meet the needs of a municipality or neighborhood to monitor and plan for the needs of its children.

- disseminate this information so the public is aware of what has been accomplished and what still needs to be done.

Without the tools of assessment, there can be no accountability.

"While there will always be conflicts in values, there is much common ground that we can enlarge and exploit."

Underlying each of these political, organizational and technical principles must be a genuine concern for the child. A moral commitment to the well-being of children must accompany sound investment decisions. Parents, community leaders, employers and citizens all need to stay involved and keep informed. We must work as partners, sharing responsibility and accountability. Too often we blame our kids instead of ourselves. Without the prodding of advocates, the involvement of parents and the oversight of voters, even the best policies may go astray.

We live in a world of finite resources. Trade-offs are a fact of life and priorities cannot be set by formula. The values inherent in our goals and objectives, in policies and programs, derive from the people of this state. While there will always be conflicts in values, there is much common ground that we can enlarge and exploit. Assuring a safe and nurturing world for our children is too important to delegate solely to the hands of professionals. We must *all* continue to participate in shaping their world, our future.

WASHINGTON'S CHILDREN

FAMILY AND COMMUNITY

In the future, we can expect that Washington's children will be more numerous and more diverse. But they will live in families and communities where there will be fewer adults and services to monitor and guide them.

- By the year 2000, it is estimated that there will be 1,675,000 children in Washington state, up 6% from 1995 and up 30% from 1970.

Despite this growth, children will represent a diminishing share of Washington's population. In 10 years, they will represent only 28% of the state's population, down from 38% in 1970.

Children will have to compete with a rapidly growing adult sector of the population for progressively scarcer public resources. And at the same time, relatively fewer adults will be parents of dependent children — children will have fewer adult allies and advocates offering individual and political support.

While teen pregnancies appear to be declining, the percentage of births to unmarried women continues to rise:

- In 1993, more than 1 in 4 births was to a single mother.

Almost 90% of these single mothers were 18 or older. Nearly half had had one or more children previously.

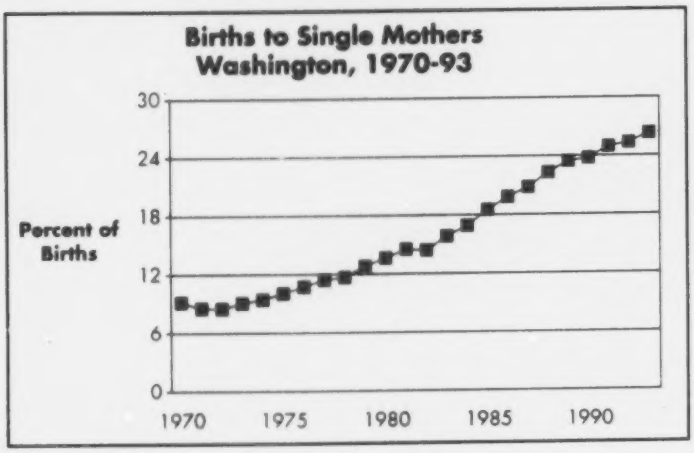
Because of the rapid recent growth in the proportion of children born to single mothers, we can expect — on the basis of demographic trends alone — that in the years ahead, even more children in our state will be growing up without both parents at home.

When families fail, we turn to government to help out. Our data suggest that the growth in out-of-home placements may be slowing, but it is not clear whether the need is diminishing. Many child advocates believe that the difficulty state agencies are experiencing in finding willing and qualified foster parents may be a significant factor in this trend. State agencies are also having difficulty maintaining programs to support families and neighborhood efforts that can prevent the need for out-of-home placement, as well as programs to reduce other unwanted outcomes such as violence, teen pregnancy and drug abuse.

Many of the goals we have for our children — health, education, safety and moral development — depend on the ability of families and communities to create a caring and safe world for children. The data in this and other sections of the report suggest that many families and communities are finding it increasingly difficult to do just this.

INDICATOR # 1

FAMILY COMPOSITION

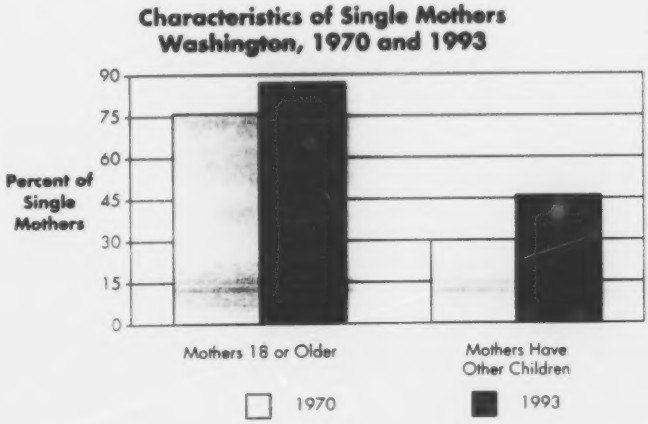


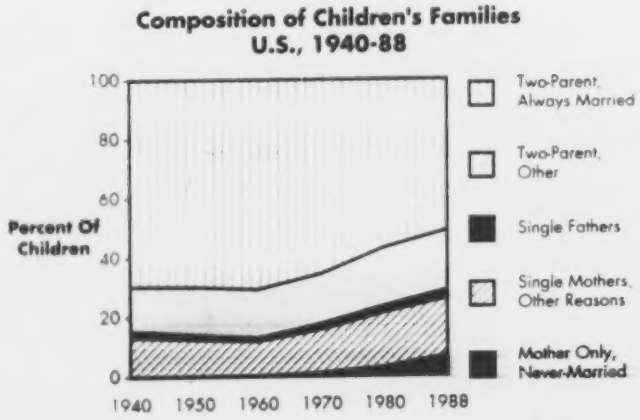
The proportion of births to single mothers continues to rise in Washington. In 1993, 26% of births — more than 1 in 4 — were to unmarried women.

Outlook: The 1995 national *Kids Count Data Book* reports that the share of Washington families with children headed by a single parent grew by 38% from 1985 to 1992, about twice the rate for the country as a whole. The Kids Count analysis acknowledges the "resilience and achievement" of millions of children growing up in single-parent families. But it also states that children growing up in single-parent households are more likely to be poor and to receive less parental time and supervision. Kids Count attributes the shift in family structure mostly to changes in the labor force that have reduced employment opportunities for males, and it urges implementation of "family-strengthening" policies to improve educational outcomes and work futures for parents.

The demographic composition of single mothers has changed over the past 25 years.

In 1993, almost 90% of single women who delivered a baby were women over the age of 18; nearly half had had another child.





By 1988, only 51% of U.S. children were living in families where the parents were living together and had never been divorced.

Starting in the 1960s, the effect of divorced and out-of-wedlock births became significant. The share of children in families with never-married mothers will increase throughout the 1990s.

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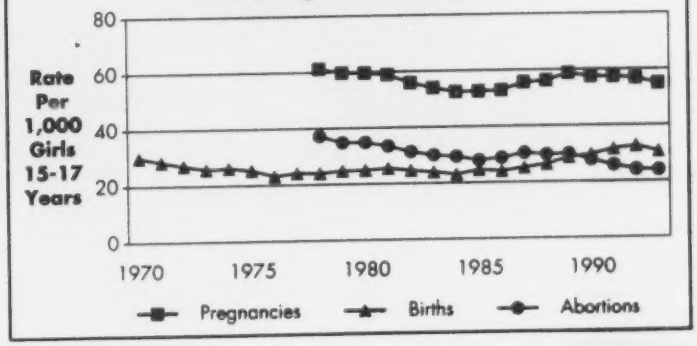
INDICATOR # 2
BIRTHS TO SCHOOL-AGE MOTHERS

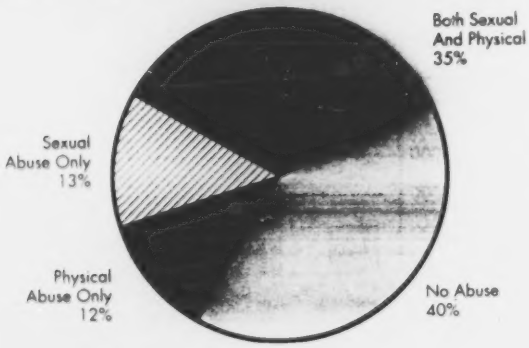
In 1993, the rates of pregnancy, abortion and birth all went down slightly among 15-17 year-old girls. This is the first year since the mid-1980s that the birth rate has declined.

Since 1990, the majority of pregnant girls in this age group have chosen to carry pregnancies to delivery.

Pregnancy, Birth and Abortion Rates Among15-17 Year-olds Washington, 1970-93



History of Abuse Among High School Seniors Who Have Been Pregnant, Washington, 1992

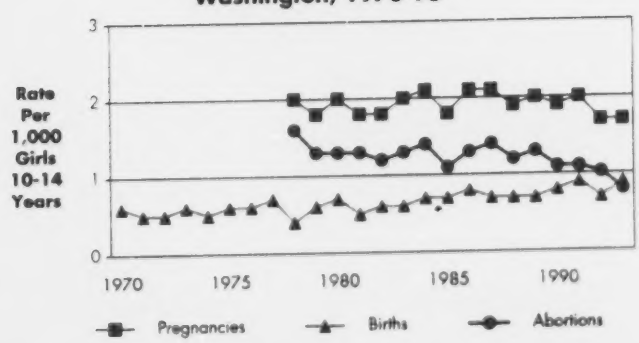


State data show that most school-age children who report having been pregnant also report having been physically and/or sexually abused.

Outlook: For the first time in a decade, pregnancy and birth rates among school-age girls have begun to drop. This could mean that state and federal programs to focus attention on this problem and develop solutions are finally showing some progress. But the future is still clouded by deteriorating conditions in other areas that are known to have a close connection to teen pregnancy. As the data on this page show, most school-age girls who become pregnant report having been abused physically and/or sexually; meanwhile, reports of child abuse and neglect are still rising.

Among girls under 15, pregnancy rates have not changed significantly over the past 15 years. In 1993, more than 300 girls in this age range became pregnant, and for the first time, the majority of them chose to carry the pregnancy to delivery.

Pregnancy, Birth and Abortion Rates Among 10-14 Year-olds Washington, 1970-93



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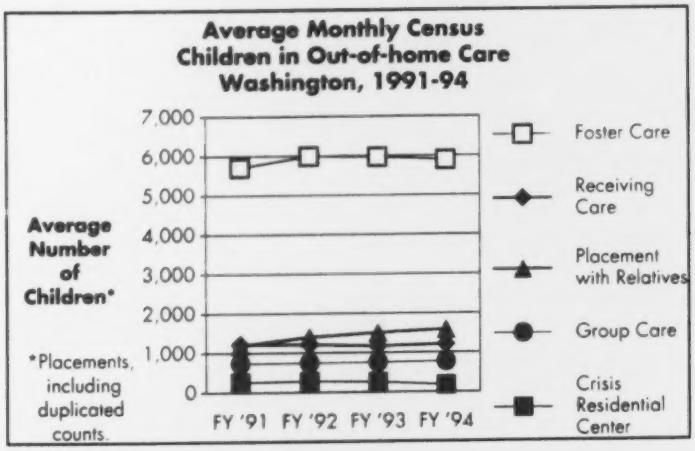
INDICATOR # 3
CHILDREN IN OUT-OF-HOME CARE



An increasing number of Washington children are being placed in out-of-home care because of family conflict, abuse and parents' inability to care for them.

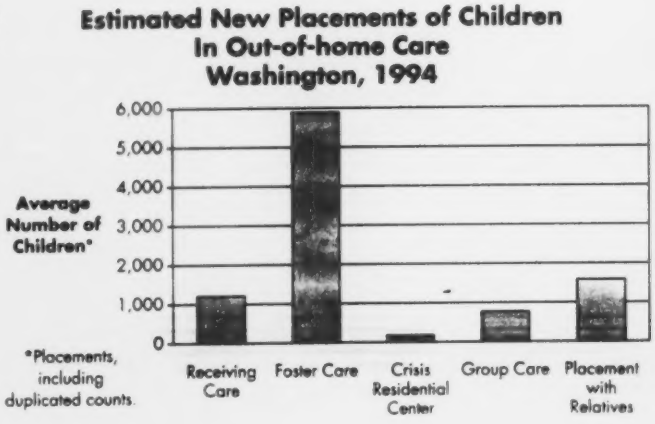
State data show that since the mid-1980s, the number of Washington children in placements outside their homes has increased by more than 50%.

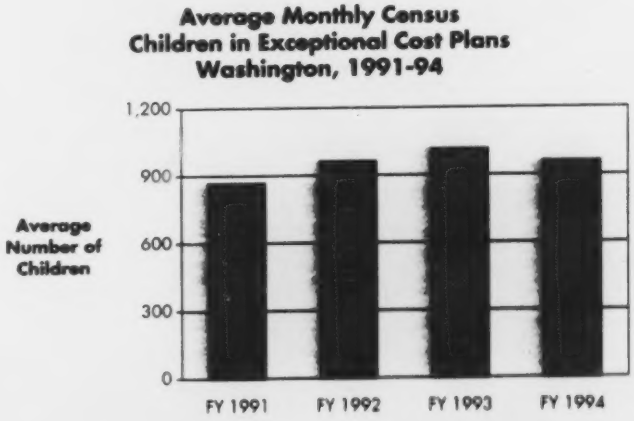
The decline in foster placements may reflect a shortage of qualified and willing foster parents.

Outlook: Officials with Washington state's Division of Children and Family Services, the state agency that intervenes when children must be placed outside of their homes for their care and protection, report that the number of children in the state's out-of-home care system has grown over the past decade along with the state's child population. This means that the agency is facing a rapidly growing burden; by 2000, the number of children in the state under age 18 is expected to grow by about 14%. Budget pressures can work at cross purposes to this trend and have at times pared down the funds available for placements in crisis residential centers and group homes. The number of families served by family reconciliation services is rising, however.

In 1994, close to 9,000 Washington children were in out-of-home care, two-thirds in foster care.

- The nearly 6,000 children in foster care were evenly distributed by age. Children of color are disproportionately likely to be in out-of-home care.





- Every month in Washington, nearly 1,000 children who have special emotional/behavioral problems or physical handicaps are living in out-of-home settings.

Foster parents receive a special reimbursement from the state for caring for these children.

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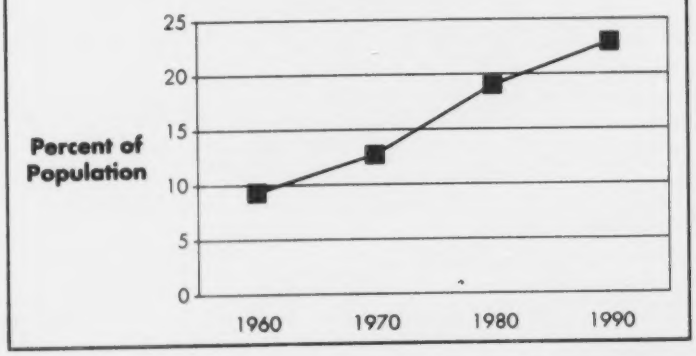
INDICATOR #4
PARENTS' EDUCATIONAL ATTAINMENT

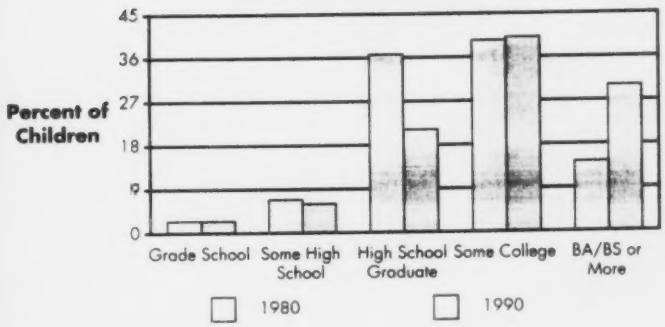
During the 1980s, Washington children were increasingly likely to live in households where their parents had acquired education beyond high school.

- Since 1960, the percent of Washingtonians with four-year college degrees has more than doubled. It is now close to 1 of every 4 state residents.

Share of Washington State Population With Four-year Degrees, 1960-90



Percent of Children in Families By Parents' Educational Attainment Washington, 1980 and 1990



- The percent of children in families with parents with only a high school education fell by close to half from 1980 to 1990.

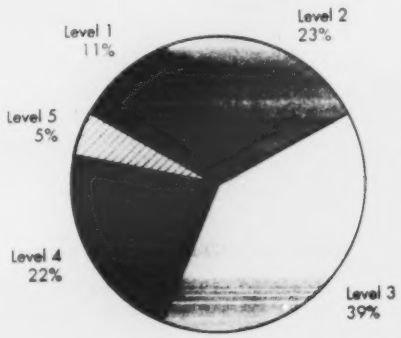
- The share whose parents achieved a bachelor's degree or more nearly doubled.

Outlook: There is no question that the education of parents and adults in Washington is improving. The proportion of Washington children whose parents have high school diplomas and college degrees continues to rise. And comparisons with national data show that Washington literacy performance is better than for the nation as a whole. Nonetheless, about a third of adults in the state are unable to comprehend long texts or perform arithmetic operations involving setting up and solving a simple problem. In addition, a growing share of Washington's population has limited English language skills.

More than 1 in 10 Washington adults score at the lowest level of literacy skills (Level 1). Many at this level are unable to perform such basic tasks as reading a deposit slip and locating a piece of information in a newspaper article.

About two-thirds of Washington's adult population (Levels 3, 4 and 5) have adequate or good literacy skills.

Adult Literacy Skills* Washington, 1992



*Percent of Washington residents performing at various levels on tests of prose, document and quantitative proficiency

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HOME ALONE

Two basic trends define the nature of the challenges we will face in assuring the best future for our children. First, the number of children in our state will continue to grow dramatically in the future. This means that unless there are significant improvements in their well-being, we can expect to see growing *numbers* of children in need: social, economic, educational and physical.

For example, we have estimated that within five years, there will be 21% — or 70,000 — more teenagers than today. So if current rates of despondency and violence do not change, we can expect, on the basis of population growth alone, 21% more suicide, 21% more arrests, 21% more runaways.

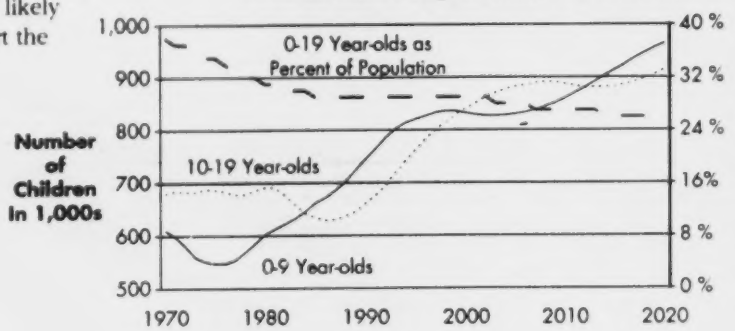
Second, while the number of children in our state increases, there are fewer and fewer adults around to help them develop the skills and values they will need.

The proportion of children growing up without two parents at home is rising, and it will continue to increase as more never-married mothers function as household heads.

Even in households where there are two parents, it is increasingly likely that both will work to support the family.

At the same time, the proportion of adults with dependent children is declining. This means that the share of the population with a direct interest in children is shrinking.

Washington State Children's Population Trends and Projections, 1970-2020



Too many families and neighborhoods have become child-unfriendly. We see fewer responsible adults at home, on stoops, on sidewalks, or just looking out the window to provide supervision, nurturing and guidance. More and more children are on their own after school — which is, not surprisingly, also the time when most juvenile crime occurs.

How can we reverse these trends? It is not enough to say that it is up to parents. Parents have always relied on the help of others: relatives, neighborhoods, professionals. Whether individually (as friends and neighbors) or collectively (through community programs), we must assure that children live with adequate supervision and in a safe environment.

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WASHINGTON'S CHILDREN

ECONOMIC WELL-BEING

Washington children have experienced better economic conditions than the rest of the nation in the past decade. But the rapid growth in jobs and per capita income that the state experienced during the 1980s has slackened during the 1990s. The annual rate of employment growth has slowed to 2.2% since the recession year of 1991, compared with 4.4% a year from 1985 to 1990.

The share of jobs in the higher-paid sectors — predominantly manufacturing, wholesale trade and transportation — dropped from 29% to less than 26% from 1983 to 1993.

From 1989 to 1993, annual per capita income growth slowed to 1.3%. Real income declined from 1992-93.

With inflation taken into account, average wages are now lower than they were a decade earlier. This leaves many adults unable to support a family. We calculated that a monthly income of from $1,900 to $2,000 was needed in 1993 to provide the minimum of food, housing, transportation, clothes, medical and child care for a family of three persons. Nearly half of all jobs are in industries where average pay is at or below this level; 1 in 5 jobs are in industries where pay is more than a third below this level.

The result is that more than 1 in 3 children in Washington lives in a family that cannot afford the necessities and must trade off among the basics each month.

Quality child care, nurturing young children while allowing mothers to work, is not affordable for a large share of the population. Even with two full-time earners, care for two children costs an average of 21% of after-tax wages.

Economic growth has not been evenly distributed around the state; some counties have lost jobs and have experienced declines in actual wages (adjusted for inflation), while families in other counties have enjoyed substantial increases in wages and income.

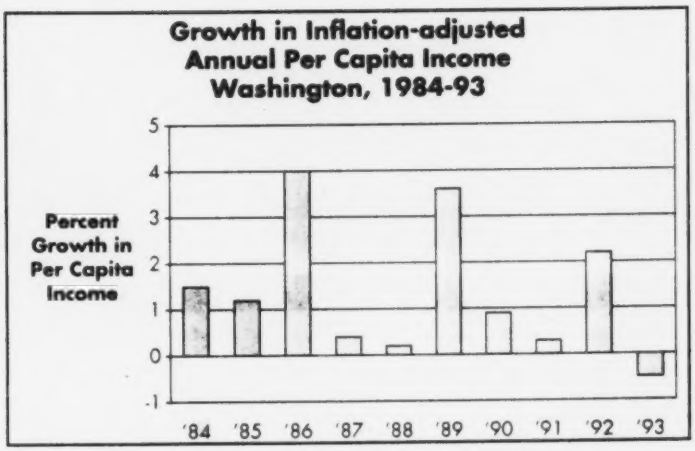
Workers in 26 of Washington's 39 counties experienced a decline in inflation-adjusted wages from 1989 to 1993.

Rates of child poverty are higher for African Americans, Hispanics and Native Americans than for Whites, and the gap has been growing.

Our challenge is to assure that the state has the economic vitality to support a higher rate of wage and income growth. It is also necessary to see that all children in all parts of the state have access to the levels of education and training necessary so that when they become adults they earn high enough wages to support a family.

INDICATOR #5

FAMILY INCOME



Average income per person in Washington state was $22,300 in 1993 (in 1994 dollars).

Annual per capita income, adjusted for inflation, increased rapidly during the 1980s. It grew by 4.9% from 1981 to 1985 and by 8.5% from 1985 to 1989.

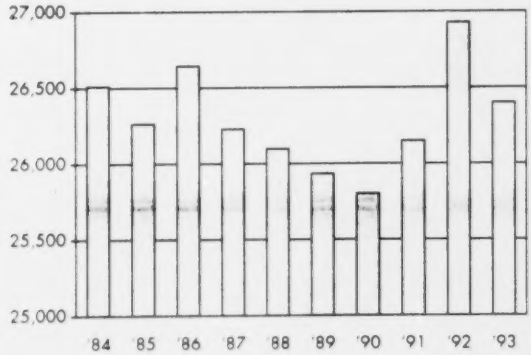
Income growth slowed to 1.3% annually from 1989 to 1993. Income adjusted for inflation declined during 1992-93.

Outlook: Washington state income trends are following national trends. Income from all sources — including wages, dividends and social security — continues to grow, but at a slower rate. Wages to support working families are stagnant or even dropping for much of the state's population. Weak wages and high unemployment means an increase in child poverty and inadequate income. Preventing wage stagnation, as well as increases in inequality and poverty, require new and creative solutions.

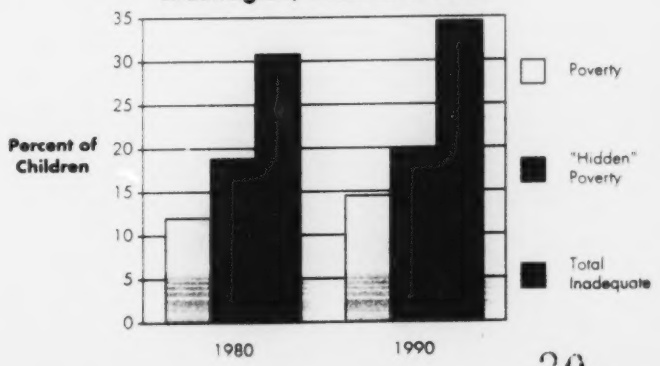
Washington workers' average 1993 earnings of $26,400 (in 1994 dollars) were actually lower than wages in 1984 after adjusting for inflation.

Stagnant earnings are caused both by lower hourly wages and fewer hours worked — less overtime and more part-time work.

Inflation-adjusted Annual Earnings
Washington, 1984-93



Children Living in Poverty and Hidden Poverty
And with Inadequate Income
Washington, 1980 and 1990



The federal poverty line is only about half of the minimum a family requires to pay for the basic necessities of food, housing, transportation, health services and child care.

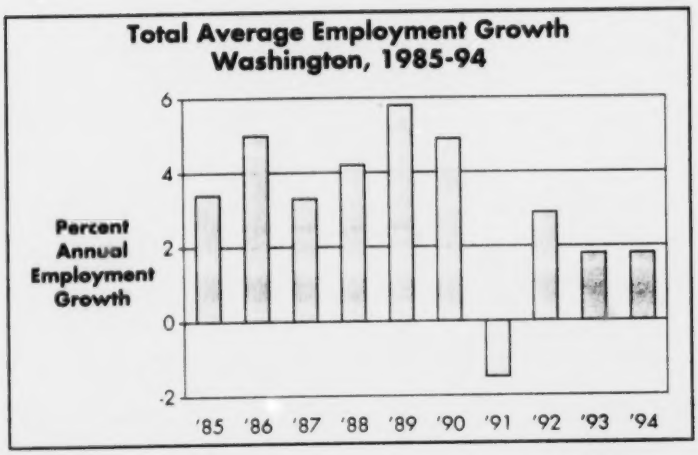
The total percentage of children growing up with income inadequate to afford necessities grew from 31% in 1980 to 35% in 1990.

INDICATOR #6
EMPLOYMENT

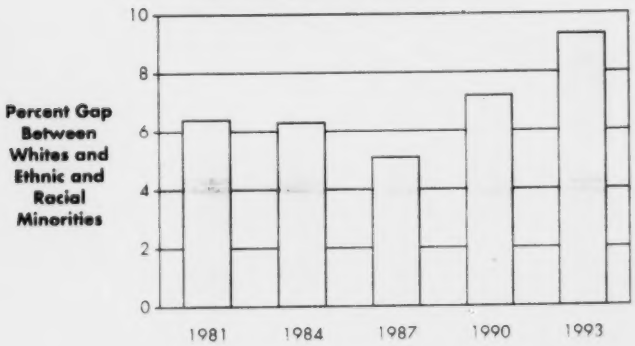
The annual rate of employment growth has slowed to 2.2% since the recession year of 1991, after rapid growth of 4.4% a year from 1985 to 1990.

Unemployment rates dropped consistently in Washington during the late 1980s. They began to climb again during the early '90s, but dropped back to 6.4% by 1994.

Total Average Employment Growth
Washington, 1985-94



Unemployment Rate Gap Between Whites And Ethnic and Racial Minorities
Washington, 1981-93



Unemployment rates are higher for African Americans, Native Americans and Hispanics than for Whites. Rates for Asian Americans are about the same as those for Whites.

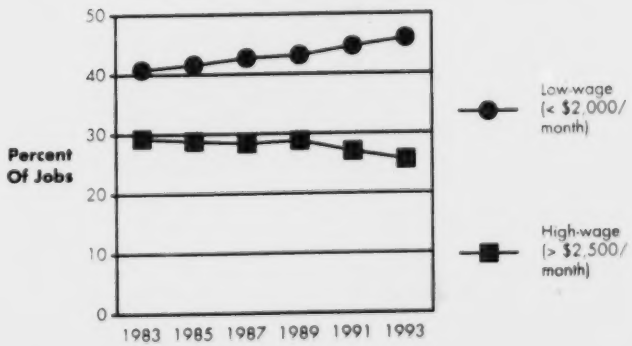
This gap dropped through most of the 1980s but has doubled since 1989.

Outlook: In Washington, employment grew strongly throughout the 1980s, contributing to a drop in unemployment from a high point at the beginning of that decade. Minority unemployment was much higher, but it dropped in tandem with the rate for Whites. But during this decade, a disturbing trend has appeared where the gap between minority and White unemployment is rising rapidly. The share of jobs in low-wage industries continues to grow. While some high wage jobs are found in the generally lower-paid service sector, the problem of the replacement of high-wage with low-wage jobs is a critical challenge for the 1990s.

Monthly wages in mining, manufacturing and transportation average $2,992; in the lower-paid sectors of services and retail trade, $1,622; and in the lowest-wage sectors of agriculture, forestry and fishing, $1,096.

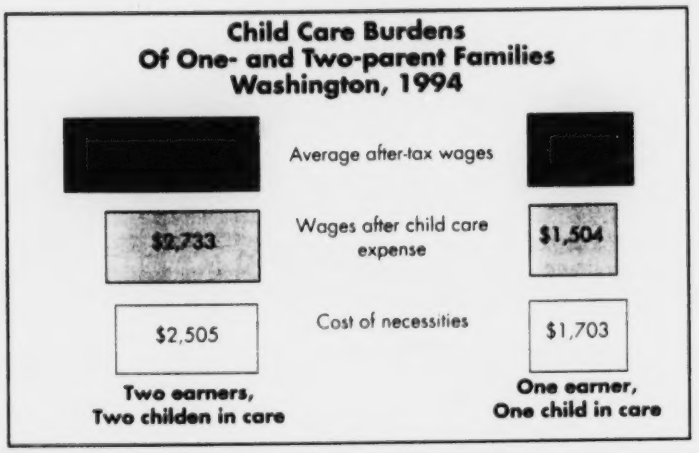
In 1983, more than 29% of state jobs were in higher-paid sectors. By 1993, this share dropped below 26%.

Share of Jobs in High- and Low-wage Industries
Washington, 1983-93



INDICATOR # 7

SUPPORT FOR CHILDREN



For the state as a whole, two-earner families with two children spend more than 20% of their incomes on child care, about the same as for a single working parent for one child.

Average earnings after child care costs drop below a minimum standard for single parents and just above it for two-earner families.

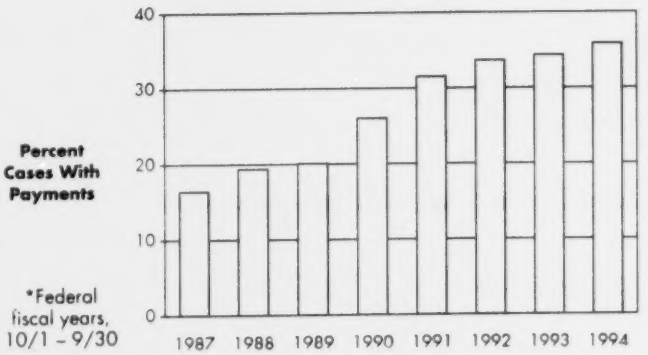
In Washington, two-earner families in nine counties must spend more than 24% of their income on average to cover child care costs for two children.

Outlook: Two-earner couples at average wages are spending close to their limits in order to pay for child care. For those working below average wages — which includes most single-parent households — child care is simply unaffordable. While Washington state has made dramatic strides in increasing the share of child support cases with payments, two-thirds of children live in families where no support is paid. Child care, child support and housing are three areas where we can expect continued demand for new policies.

Single-parent households generally have lower incomes than two-parent households, and lack of child support is often one of the reasons.

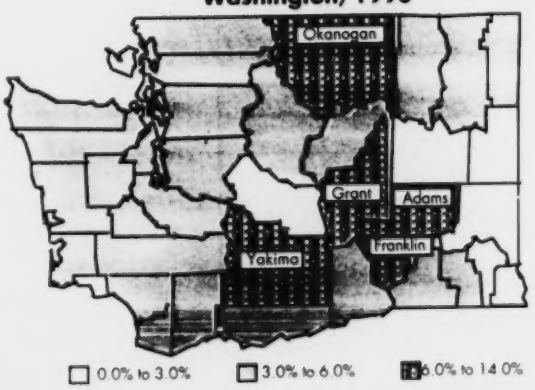
Only a third of children who should receive child support actually received payments in 1994. That rate is more than twice the 1987 share, however.

Percent of All Child Support Cases with Payments
Washington, FY* 1987-94



*Federal fiscal years, 10/1 – 9/30

Percent of Overcrowded Households by County
Washington, 1990



According to the U.S. Census, nearly 4% of Washington households are overcrowded, with more than one person per room.

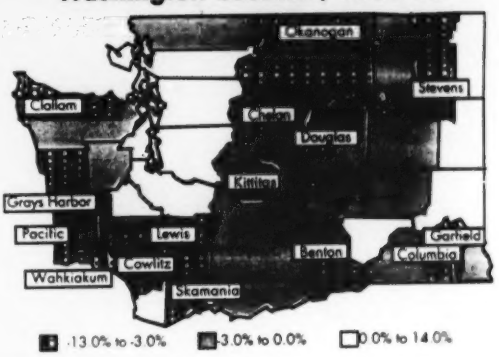
The rates of crowded housing are greatest in the central counties of the state: Yakima (9.7%); Franklin (13.3%); Adams (10%); Grant (7%); and Okanogan (6.2%).

INDICATOR #8
DISTRESSED AREAS

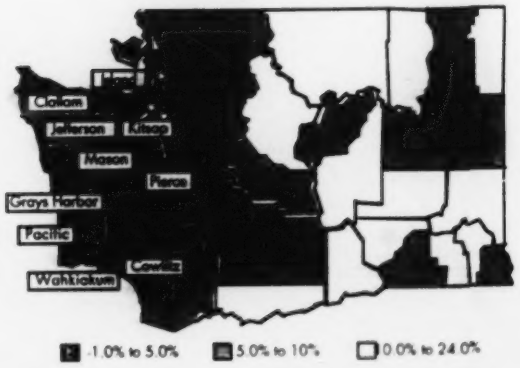
Real monthly earnings in Washington increased on average 1.2% from 1988 to 1993, but workers in 26 of the 39 counties experienced a decline in inflation-adjusted earnings in the period 1988-93.

Substantial declines in actual monthly earnings have been experienced in counties on both the Olympic Peninsula and in the central region of the state.

Change in Average Real Monthly Wages
Washington Counties, 1988-93



Change in Real Per Capita Income
Washington Counties, 1988-93

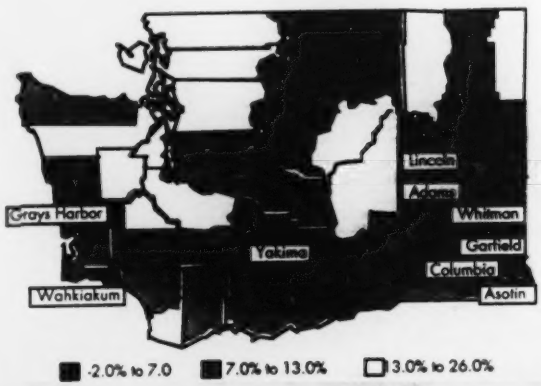


- Statewide, real per capita income in Washington grew by 6.3% during the five years.

- Only a third of Washington's counties experienced real income growth of more than 10% during 1988-93.

Outlook: While some parts of the state are enjoying prosperity, other areas are experiencing economic distress. In general, income and population grow together — where jobs and income are growing, more people are attracted to an area, and where the economy is stagnant, people move out. Yet per capita income may increase while wages go down, reflecting its wider sources that include social security income, dividends, etc. Many Olympic Peninsula counties experienced dropping real wages and declines or slow growth in per capita income. Whether we see improvement depends on whether they continue their transition from reliance on forest products.

Change in Population
Washington Counties, 1988-93



- Total Washington population grew 13.5% during the five-year period, 1988-93.

In nine counties, however, growth was significantly less, or even negative.

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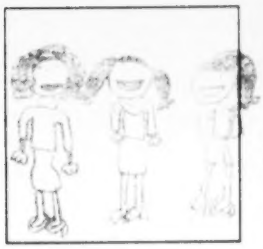
WORK AND WELFARE



The relationship between work and welfare dependency has been the focus of substantial policy debate in Washington state, as in the nation. Washington Kids Count received funding from the state Department of Social and Health Services (DSHS) to conduct an analysis of the factors enabling dependent women to leave and remain off welfare. We examined the national literature and conducted extensive analysis of the five-year survey of low-income households conducted by the Washington State Institute for Public Policy. Our findings are critical to understanding the nature of work and welfare in Washington.

The level of wages and income earned at the time one leaves welfare has a tremendous effect on being able to remain independent. The availability of sick child care and sick leave is also critical.

- If earnings remain below the federal poverty level, 80% return to welfare within three years.
- Only at earnings in excess of $1,500 a month do a majority of women stay off welfare for more than three years.
- When income equals at least $2,100 a month, three-quarters of women stay off welfare.
- Among low-income women, 38% with school-age children work, compared with 13% of women with infants and 25% with preschoolers (ages 2-5).

National studies have estimated that full availability of no-cost child care could cut welfare dependency by as much as half.

Nearly two-thirds of women who had sick leave available at their jobs stayed off welfare 36 months, compared with 45% of those who did not.

We found that substantially more women stayed off welfare in the lower unemployment counties than in economically distressed areas.

Over-all, we found that low-income parents are working hard to support their children — more than 80% of low-income kids have a parent working full or part-time. But lack of jobs, low wages and lack of child care and sick leave inhibit the ability of parents to meet their children's needs. When family income falls below a basic level of adequacy, many families turn to public programs for support.

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HEALTH

The data on health issues that appear in each edition of *The State of Washington's Children* make clear where we have achieved progress in children's health and where progress still eludes us.

We have succeeded in reducing children's mortality in areas we can address with advances in medical treatment.

Deaths from medical conditions such as diseases associated with prematurity and many childhood cancers are clearly declining.

We have made modest strides in immunizing children against vaccine-preventable diseases and in reducing rates of sexually transmitted diseases.

But our progress is stalled in selected areas.

We cannot seem to reduce the proportion of low birthweight births in our state, despite our success at bringing more low-income women into timely prenatal care.

Hospitalizations for pediatric asthma are on the rise.

Self-reported use of alcohol, tobacco and other drugs among youth continue at intolerably high rates.

One conclusion these data suggest is that we have more control over children's medical conditions than we do over the environment and lifestyles that shape their health status. Medical treatment is easier for us to provide for them than to improve health behaviors and assure safe and healthy environments.

Now we have reason to fear that even our initial gains — in the areas where we have control — are at risk.

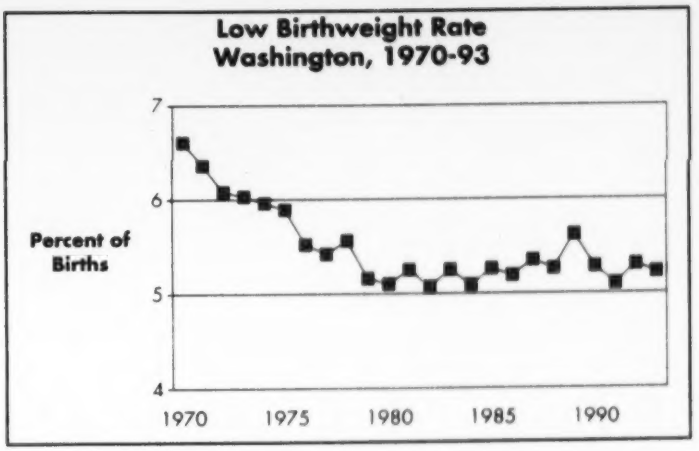
More children in our state — and nearly all children whose families are on Medicaid — are receiving health services through managed care plans. While managed care may be an effective system of care for most children, it could undermine access to care for some children with complex health problems.

The role of the state's public health system is changing as directed in the Washington Public Health Improvement Plan. Local health departments will need an infusion of resources as they take on new responsibilities, while ensuring that old ones — such as communicable disease surveillance, nutrition counseling and case management for high risk populations — don't suffer.

As we reform our health services delivery system, we should keep in mind that our progress in improving children's health is tenuous.

INDICATOR #9

LOW BIRTHWEIGHT



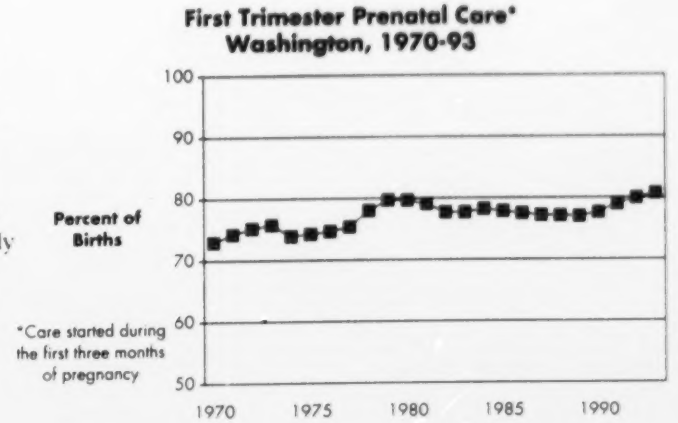
Low birthweight (LBW) is strongly associated with infant mortality and many cases of chronic disability in children.

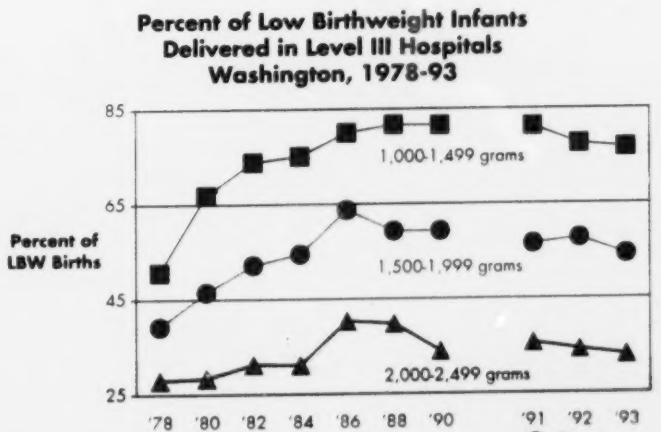
Despite enormous efforts in Washington to reduce the number of premature and LBW births, there has been no significant improvement since the 1970s.

Experts are beginning to believe that LBW may be most influenced by the mother's living conditions and her health before conception and during pregnancy.

Outlook: The causes of low birthweight (LBW) are complex and unknown. Despite the laudable efforts of the First Steps Program, the low birthweight rate in 1993 was no lower than in the early 1980s. Experts believe that both social and physical factors contribute to premature and LBW birth. The problem cannot be solved by prenatal care and medical progress alone. Progress will depend on our ability to improve the health of women (before and after they get pregnant), especially in discouraging health-related behaviors such as poor diet, smoking and drug abuse. In addition, addressing the living conditions of women living in poverty and experiencing domestic violence, isolation and depression may yield many health benefits for their children.

Timely prenatal care can improve the health of pregnant women and their infants. Since 1989, when the First Steps program began, the share of women beginning prenatal care early has increased. The proportion in 1993 (81%) is still well below the national goal of 90%.



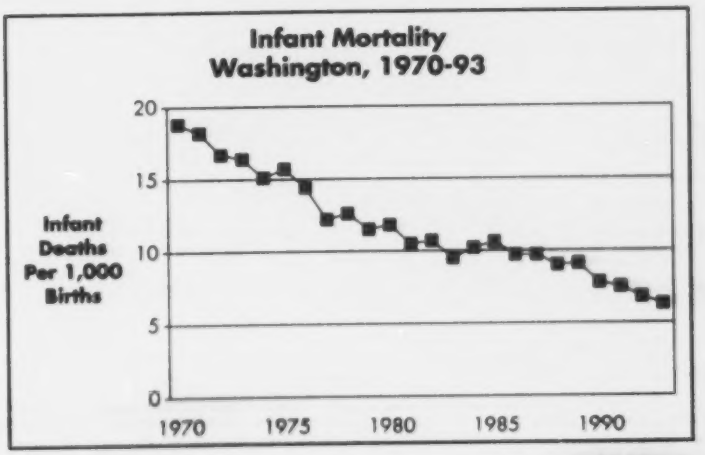


Many doctors believe that regionalization of services for high-risk deliveries has helped improve infant mortality rates. Infant mortality is lower in high-risk, or "Level III" hospitals (see page 25). But recently, a decreasing share of LBW infants are being delivered in Level III hospitals, perhaps because of new financial incentives that discourage referrals.

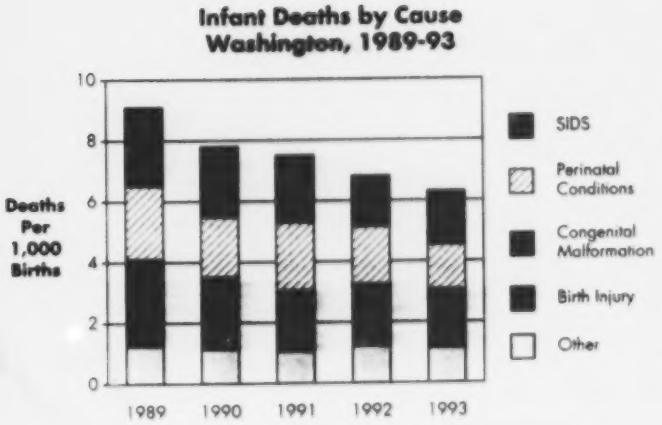
INDICATOR # 10
INFANT MORTALITY

Washington's infant mortality rate declined in 1993 for the fourth year in a row.

Washington met the U.S. Surgeon General's goal for the year 2000 (fewer than 7 deaths per 1,000 births) in 1992 — eight years early!



Outlook: Application and dissemination of medical knowledge through an organized network of regional centers has contributed to the improved survival of premature and other high-risk infants. It is unclear whether the emerging system of medical care based on competition will be able to translate new developments into practice as quickly. A second major reason for improvements in infant mortality is the discovery that laying infants to sleep in the prone position is associated with risk of death from sudden infant death syndrome (SIDS). As this knowledge is communicated to parents through programs such as the Department of Health's "Back to Sleep" campaign, we should see an even greater reduction of infant deaths in our state.

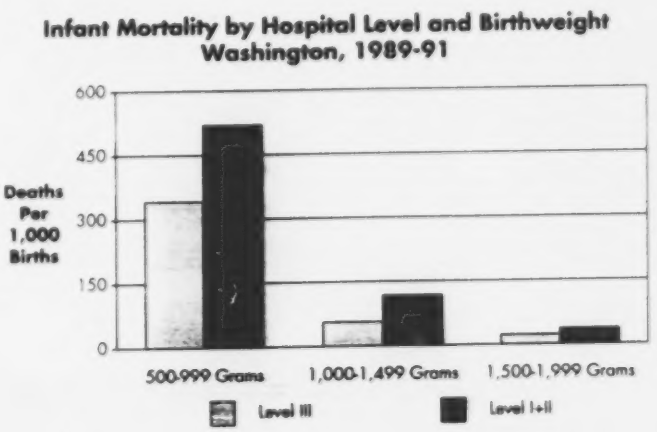


• The recent decline in infant deaths was due to a reduction in deaths from all major causes.

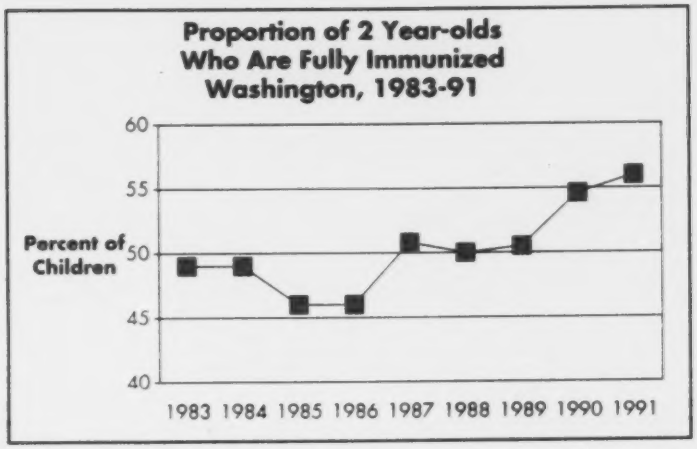
The marked reduction in deaths from perinatal conditions, such as lung diseases of prematurity, is the result of advances in medical treatments.

Small, premature infants face the highest chance of death.

For infants under 2,000 grams (about 4.5 pounds), those born in hospitals with specialized units for high-risk infants (Level III hospitals) have less chance of dying from treatable conditions than do infants born in Level I or II hospitals.



INDICATOR # 11
INFECTIOUS DISEASES



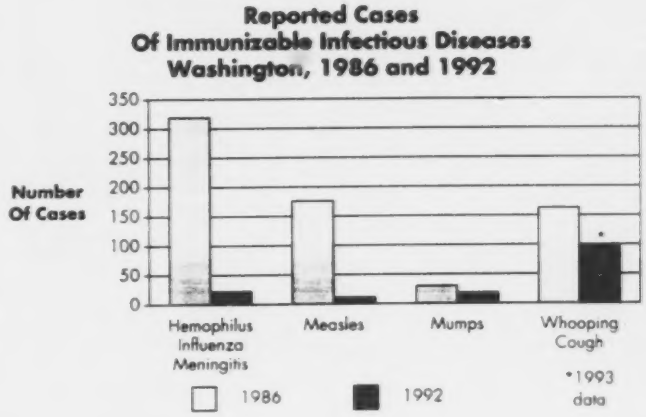
We are making slow but steady progress toward immunizing children fully and on schedule.

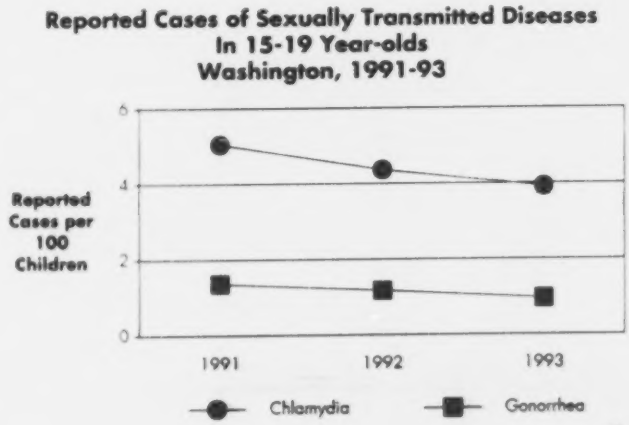
In 1991 (the most recent year for which data are available), 56% of 2 year-old children were fully immunized. This is unacceptably low — and far below the goal for the nation of 90%.

Outlook: Future improvements in the control of infectious diseases in children will depend on application of current medical knowledge. Diseases such as measles and whooping cough can be virtually eliminated if all children are immunized in a timely fashion. To achieve these goals, we need a medical system that is accessible to all families, medical providers who are cognizant of the need to immunize children at every opportunity and better tracking systems. To control sexually transmitted diseases in adolescents, it is essential that health system reform efforts do not reduce access to and availability of sensitive and confidential adolescent health services.

Due to long-standing public and private efforts, many vaccine-preventable childhood diseases are declining.

This progress is fragile, and epidemics continue to occur. For example, in 1990, there were 352 cases of measles.



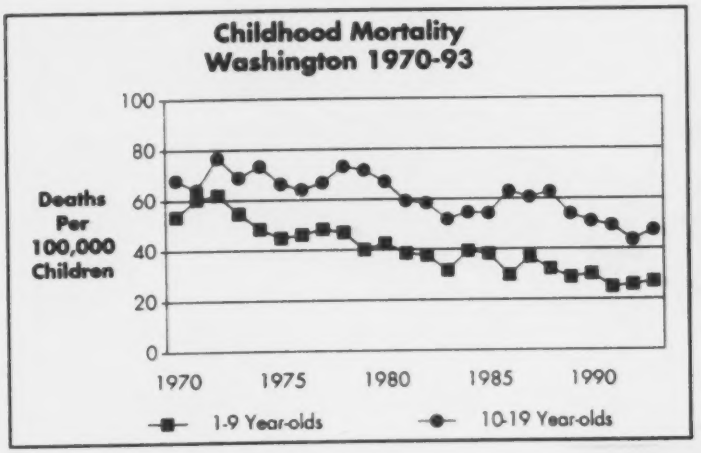


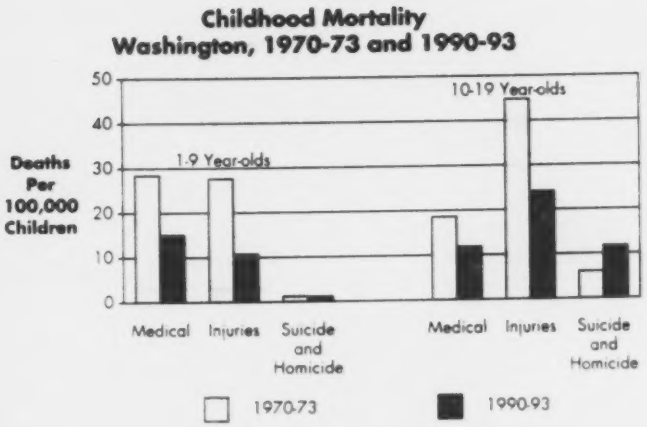
Public health and health education efforts are also helping to reduce the rates of sexually transmitted diseases among adolescents.

INDICATOR # 12
CHILDHOOD MORTALITY

Since 1970, the chances of dying during childhood have been cut almost in half.

The slight increase in child death rates in 1993 is unexplained and may be due to chance fluctuation.





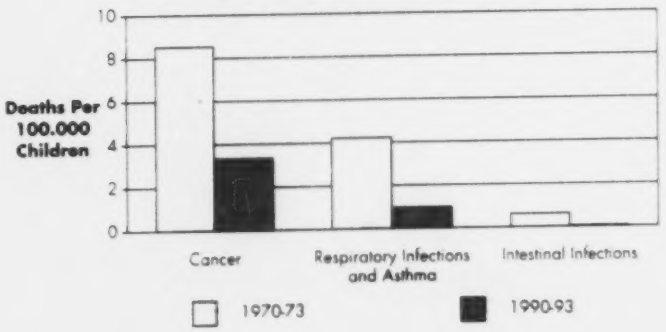
• In the past 20 years, deaths from medical conditions and injuries declined substantially while deaths from suicide and homicide increased.

Among 10-19 year-olds, suicides and homicides now account for as many deaths as all medical conditions combined.

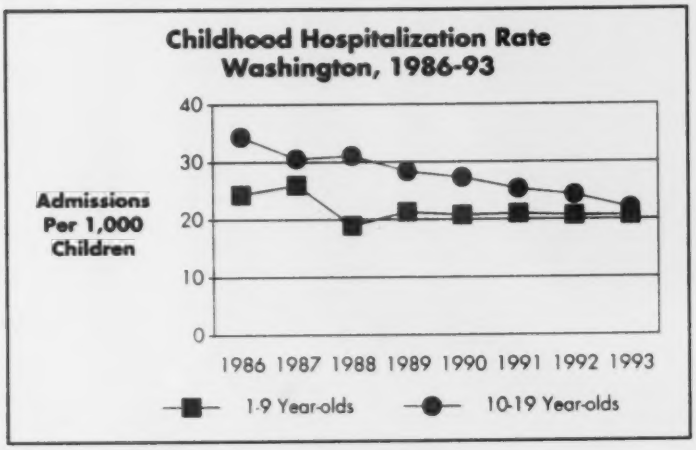
Outlook: The progress that has been made to reduce childhood deaths due both to diseases and to injuries has been one of the greatest achievements of the past two decades. Deaths due to lack of access to medical care, e.g., deaths from diarrhea, vomiting and dehydration, have been virtually eliminated in our state. Although mortality among children is becoming a rare event, the death of any children will always be a tragedy of unreasonable proportion. It will be important to monitor childhood deaths in the future to assure that efforts to increase the efficiency of medical care, reduce the use of emergency services and cut health care costs do not produce a reversal of this trend.

Among young children, death rates from all cancers and from respiratory conditions dropped by more than half in the past 20 years.

Deaths from intestinal infections (diarrhea and vomiting) are now a rarity in our state.



INDICATOR # 13
HOSPITALIZATIONS

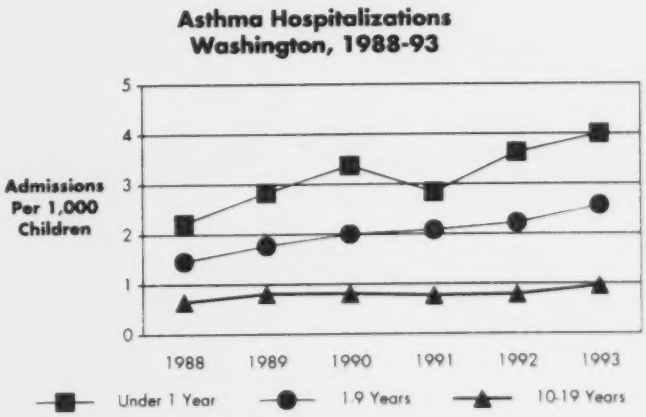


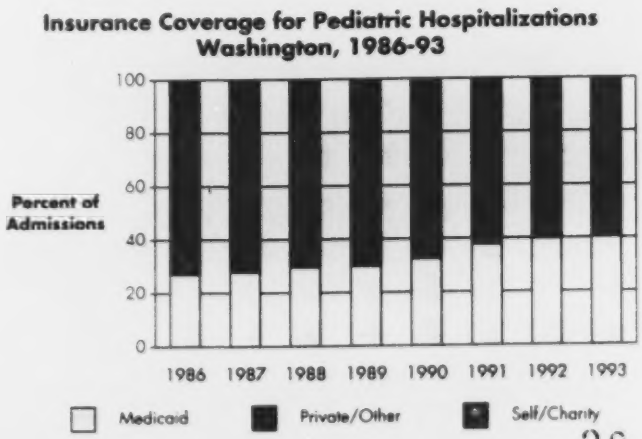
Rates of hospitalizations have declined for young and older children. It is not known whether this reflects lower levels of serious illness or changes in medical practice.

Outlook: Hospital care is expensive, and reducing hospital admissions should be a goal, especially when admissions are the result of the failure of the health care system to provide timely, preventive care outside of the hospital. On the other hand, pediatric hospitalizations can be for services and procedures that cannot effectively be provided in other settings. For any hospitalization, the length of stay should be sufficient to prepare the family and the child for a safe and comfortable discharge home. Economic incentives — now and in the future — promote keeping children out of the hospital. Ideally, these incentives will encourage better preventive care but not result in the denial of hospital care to those who truly need it.

Despite advances in medical knowledge and better ways to prevent asthma crises, rates for asthma hospitalization have nearly doubled since 1986.

More children are being hospitalized for this condition while the over-all rates of pediatric hospitalization have declined.





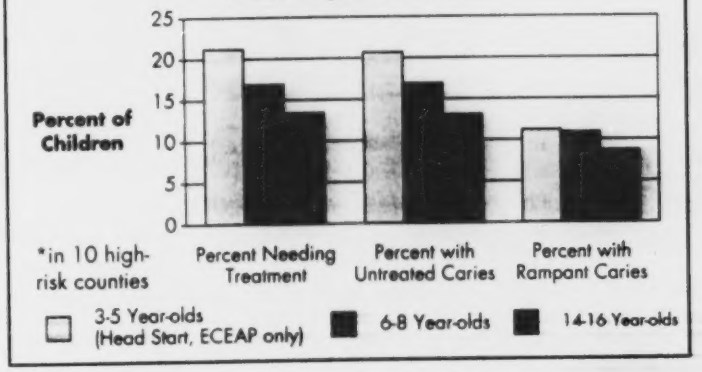
In 1993, only 3% of pediatric hospitalizations were not covered by some kind of health insurance — compared with almost 10% in 1986. Medicaid's share of coverage for pediatric hospitalizations has grown during this time, from 27% to 40%. But coverage from private insurers declined.

INDICATOR # 14
ORAL HEALTH

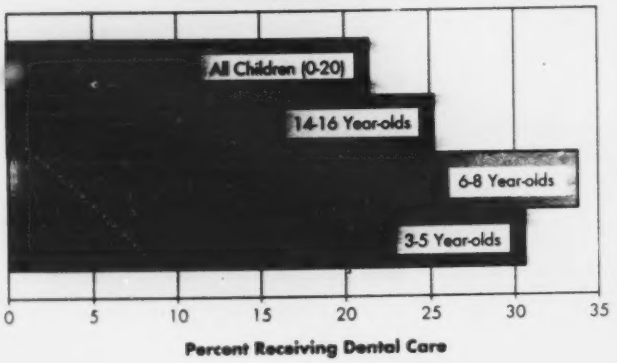
The oral health of Washington children is improving. Population-based preventive interventions — such as applying sealants to the teeth of school-age children — reduce dental disease. But many children still have problems accessing dental care.

A study of 10 dentally high-risk Washington counties performed by the state Department of Health shows that more than 1 of every 5 low-income preschool children needs dental treatment. More than 1 in 10 had rampant caries.

Oral Health Status of Children* Washington, 1994



Dental Utilization by Children on Medicaid Washington, 1994



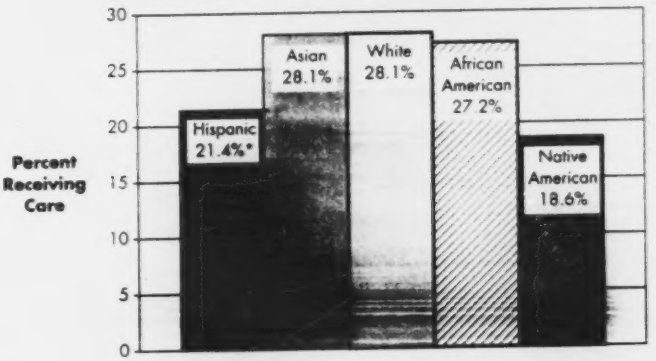
Medicaid covers dental care for children whose family incomes are below 200% of the federal poverty line, but largely because of problems with access to care, only 21% of these children receive care.

Access is impeded by low provider reimbursement rates, lack of providers and geographic barriers.

Outlook: Responding to requests from the Oral Health Coalition of Washington and other children's advocates, the 1995 Legislature appropriated $42 million in the current biennium specifically to increase low-income children's access to dental care. Part of the problem has been that dentists providing care under Medicaid receive a reimbursement rate from the state considerably lower than their regular charges. To address this issue, about $37 million of the appropriation will go to increasing provider reimbursement. About $5 million will be directed to grants for communities that conduct innovative projects to increase children's access to dental care.

Low-income children's access to dental care varies widely across racial and ethnic groups. The problem is most acute for Native American children.

Dental Use of Medicaid Clients by Race and Ethnicity Washington, Children Ages 0-20, 1994



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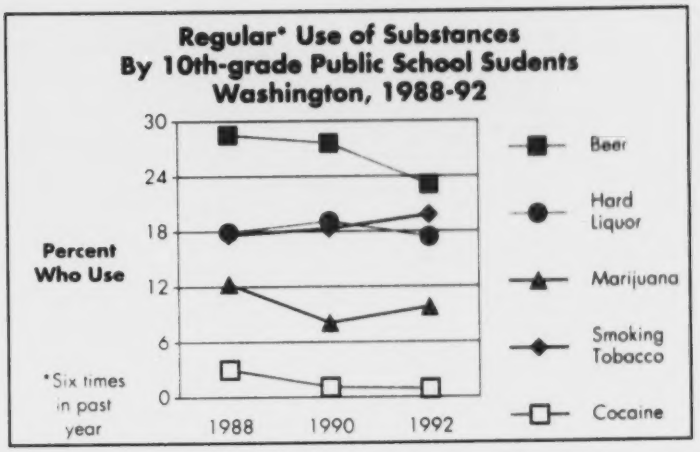
INDICATOR # 15
SUBSTANCE ABUSE



State and national studies have shown a very gradual decline in substance abuse among children and youth.

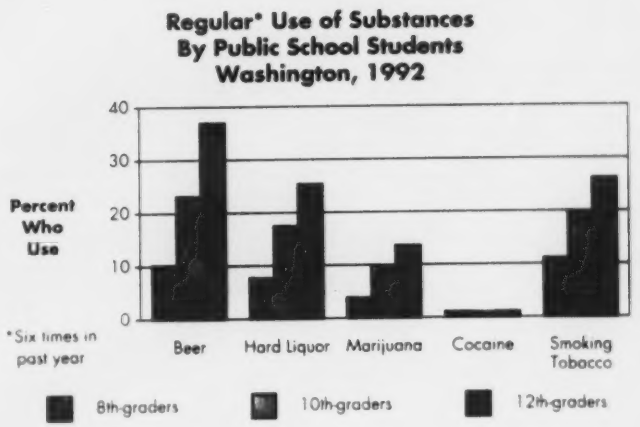
High school students are consuming less beer, hard liquor and cocaine, according to the Washington State Survey of Adolescent Health Behaviors.

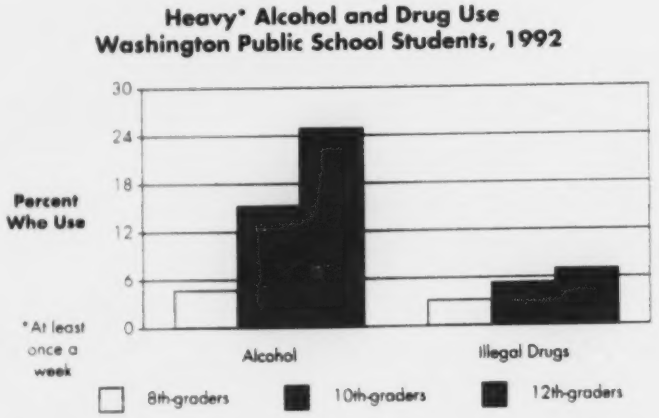
But since 1988, Washington students have been smoking more tobacco and marijuana regularly.

Outlook: Although the 1992 Survey of Adolescent Risk Behaviors revealed a gradual decline in high school students' consumption of alcohol and drugs, a disturbing trend is clearly evident in state and national data showing that tobacco use by teens is rising. One national survey shows that smoking among 8th-graders alone rose 30% from 1991 to 1994. Public health officials have long considered tobacco to be a "gateway" drug leading to use of harder substances. National data show that smokers are several times more likely than nonsmokers to consume cocaine and heroin. Both state and national leadership will be needed to combat the spread of smoking among the young.

The share of Washington students who consume alcohol and drugs regularly increases sharply by grade.

The state data show that close to 40% of high school seniors drink beer regularly, and nearly 25% regularly drink hard liquor.





Heavy use of alcohol and drugs also rises dramatically by grade. This trend is evident for both boys and girls.

About 1 of every 4 high school seniors reports drinking at least once a week.

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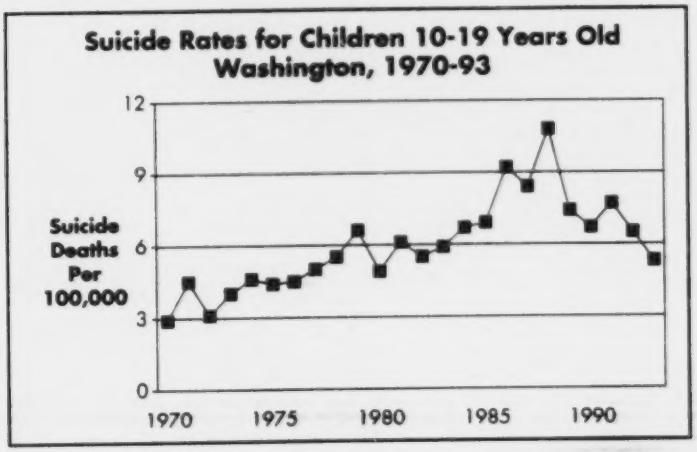
INDICATOR # 16

SUICIDE

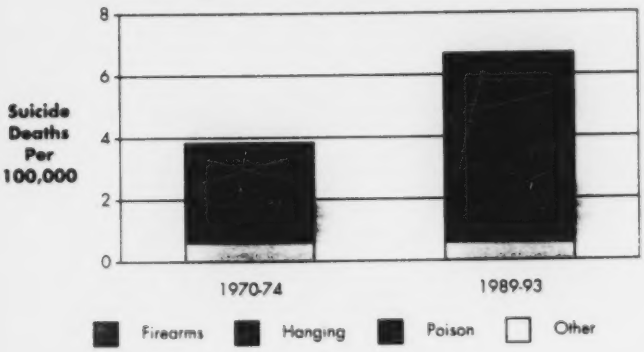
Since peaking in 1988, rates of youth suicide continue to decline.

Washington's rate is still above the U.S. average.

Suicide Rates for Children 10-19 Years Old Washington, 1970-93



Methods of Suicide of Children 10-19 Years Old Washington, 1970-74 and 1989-93



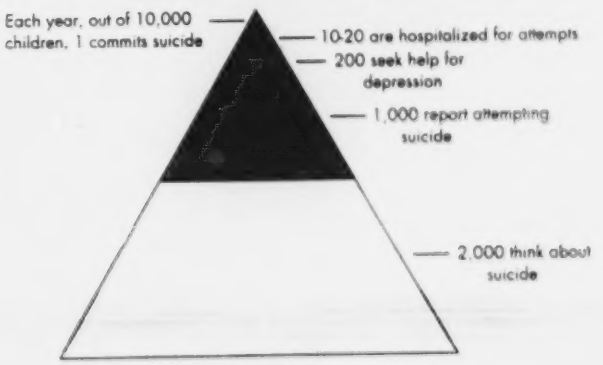
- From the early 1970s to the early 1990s, most of the increase in youth suicide was associated with an increase in suicide by firearms, which more than doubled during this time.

Outlook: The causes of youth suicide involve such diverse factors as living in an abusive family, situational crises in adolescence and the absence of peer and family supports. A recently published Department of Health report, *Youth Suicide Prevention Plan for Washington State*, sets out a wide range of prevention strategies, including school- and community-based education programs to improve the ability of adults and peers to recognize and react appropriately to signs of depression and suicidal ideation, reducing access to guns and training families and others to work with troubled youth to promote self-awareness, self-esteem, personal control and hope.

Suicide deaths represent the very tip of a very large pyramid of distress. For every completed suicide, 10 to 20 teens are hospitalized for an attempt.

Conversely, only 1 out of 5 adolescents who report a suicide attempt seek medical attention or counseling.

Teen Suicide: The Tip of the Iceberg 15-19 Year-olds, Washington, 1995


Each year, out of 10,000 children, 1 commits suicide
10-20 are hospitalized for attempts
200 seek help for depression
1,000 report attempting suicide
2,000 think about suicide

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HEALTH CARE FOR WASHINGTON'S FUTURE

In these pages we have documented the great strides that have been made during the past 20 years in improving the health and longevity of Washington's children. These improvements are due to many factors, including new medical knowledge, public health prevention efforts and better access to care. They represent the sweet victories of the long labors of scientists, clinicians, public health workers and lawmakers.

Two trends, however, may threaten this progress: the potential retreat of government from the support of public health programs; and a growing emphasis on economic competition in health care. As we look to the future, therefore, we must ask ourselves not only "What new victories lie ahead?" but also "How can we hold on to the progress we have achieved?"

Proposals to trim back federal spending on major health programs such as Medicaid, the Maternal and Child Health Block Grant and family planning programs threaten the very children and families with the greatest need and least resiliency.

In the early 1980s, many health programs for the poor were reduced, and the effect of these policies can be seen in the graphs in this report.

Progress toward lowering infant mortality, reducing low birthweight and improving access to care was virtually arrested; and

Rates of births to school-age mothers, low birthweight and measles actually increased.

We must not repeat these mistakes in this decade.

Much of the progress over the past decades can be attributed to cooperative arrangements among medical providers, such as regional intensive care centers for premature babies and specialized referral programs for children with rare and complex medical problems. Unfortunately, managed care arrangements undermine this cooperative spirit. We are already seeing an erosion of the regionalized system of care for high risk newborns, and referrals to specialists for children with special needs may also be declining. The increasingly competitive mature of health care may also compromise the care delivered to low-income children, as well as children with high-cost medical problems.

Although it is important to seek efficiency in the provision of health care, it will be essential to make sure that cost control is not achieved by underserving our neediest children.

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WASHINGTON'S CHILDREN

EDUCATION

Children in Washington can enjoy a splendid education. Their access to a new world of on-line information, and instructional methods that build on their natural curiosity to explore and exploit these advantages, is unparalleled. But for the majority of students, education is mediocre.

Education starts at the earliest years. Numerous studies have shown that early fostering of exploration in the youngest years is critical to future success. With 60% of mothers of young children working outside the home, quality care is critical to meeting these needs. Yet only 55% of these children are in licensed care, and only a small fraction of providers meet the quality standards set by national accreditation groups.

Last year, a large sample of Washington students participated in the National Assessment of Educational Progress. This new information tells us how our children's learning compares with those in other states. More importantly, the data show what percent of our children are achieving the levels of proficiency established as meeting *basic*, *proficient* or *advanced* levels. Data are available for fourth grade reading levels. The levels achieved by Washington students are similar to national averages, but they are still alarming.

Nearly half of Washington students — 44% — fail to read at a basic level. This equals the national average.

Only 3% of students read at an advanced level of comprehension, compared with 4% nationally. Only 1 in 5 Washington students reads "proficiently."

Average reading scores for White students in Washington are 5 points below the national average for Whites.

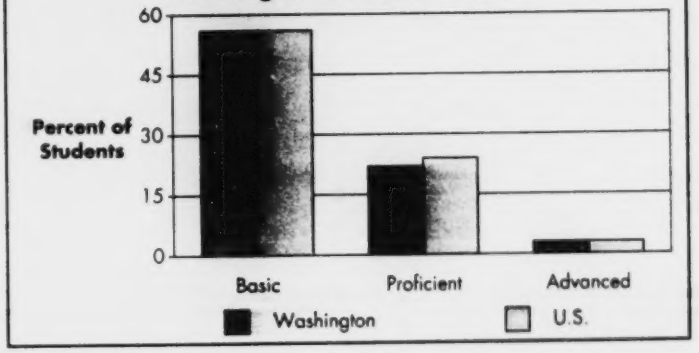
African American, Hispanic and Native American students scored below Whites, but minority students in Washington score well above national averages for their racial and ethnic groups.

More than a high school diploma is needed today to earn enough to support a family. But we have stalled out in increasing access to higher education. Projected slots in four-year colleges and universities are flat, while the number of high school graduates will be 13,000 higher in 10 years.

The newly developing system of holding schools accountable for defined student learning objectives may help to restructure the public education system toward better student achievement. But there is a long way to go between developing a list of objectives and having them transform classroom practice and results in most schools.

INDICATOR # 17
FOURTH GRADE READING

Fourth-grade Students Above Basic, Proficient, and Advanced Reading Levels Washington and U.S., 1994



- Nearly half of Washington's fourth grade students fail to achieve a basic level of reading competence. This share equals the national average.

- Only 1 in 5 Washington fourth grade students achieves a proficient reading level, slightly below the national average.

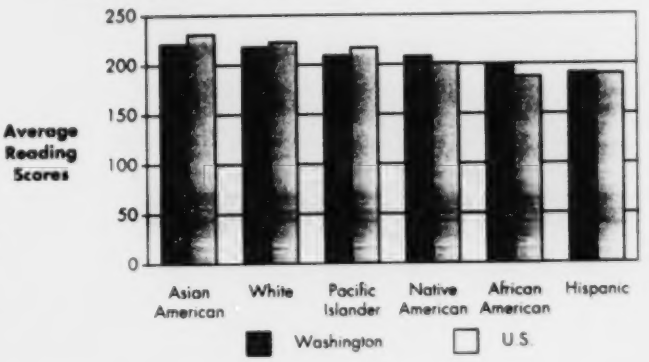
- About 3% of Washington students reads at an advanced level, compared with a 4% national average.

Outlook: Measuring student achievement is a complex task. Standardized written tests of reading, language and mathematical skills are often criticized for missing critical aspects of child development and for underestimating the true capacity of minority students. While supporting more complete methods of accessing student performance, we note that these standard written skills are critical to functioning in the modern workplace. The Commission on Student Learning is charged with developing an assessment system adequate to both hold schools accountable and to serve as the intended outcomes for curriculum.

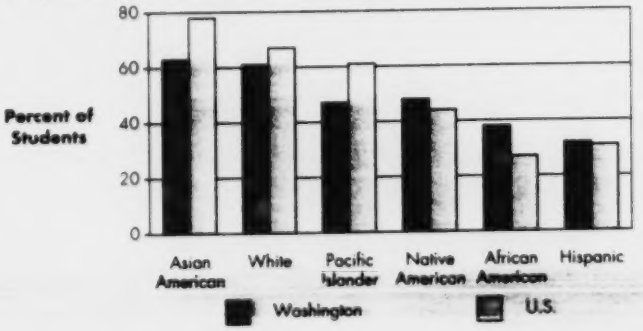
- White, Asian American and Pacific Islander students in Washington read substantially less well than their ethnic counterparts across the nation.

African American and Native American students in Washington read substantially better than the national averages for their ethnic groups. Hispanic students in Washington read slightly better than the national average for Hispanics.

Average Reading Proficiency by Race and Ethnicity Fourth-graders, Washington and U.S., 1994



Fourth-grade Students Scoring Above Basic Reading Levels By Race and Ethnicity, Washington and U.S., 1994



Reading proficiency for Hispanic, African American, Native American and Pacific Islander students remains substantially lower than for Asian Americans or Whites.

Fewer than half of Native American, African American and Pacific Islander students read at even a basic level of proficiency.

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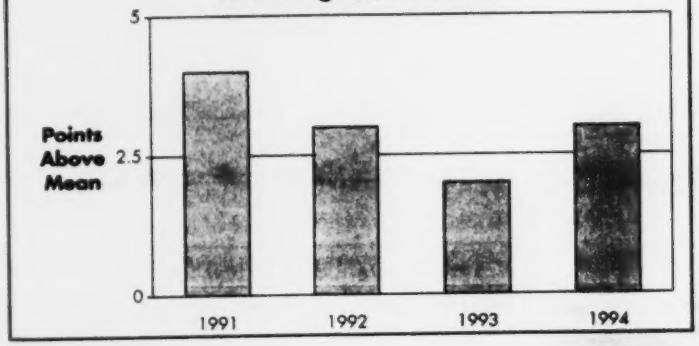
INDICATOR # 18
EIGHTH GRADE MATH SCORES

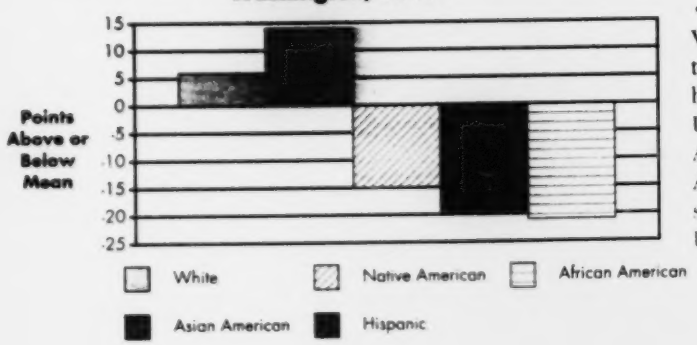
- Math scores currently available tell only relative performance, not the level of basic, proficient or advanced skill as reported for reading.

- After declining for two years, eighth grade math scores have improved somewhat, relative to national averages.

Eighth Grade Math Scores for All Students
Percentage Points Above the National Mean
Washington, 1991-94



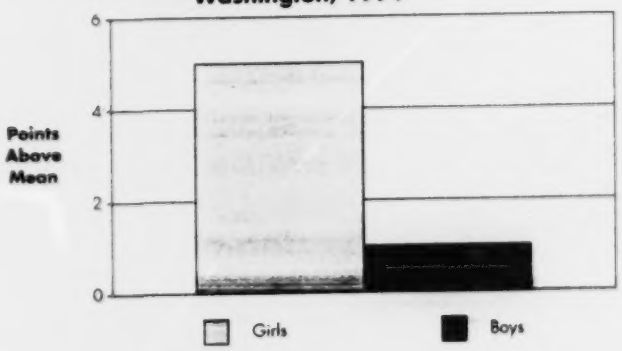
Eighth Grade Math Scores by Race and Ethicity
Percentage Points Above or Below the National Mean
Washington, 1994



- Asian American and White students in Washington have substantially better math scores than the U.S. average. Native American, Hispanic and African American students score less well than the U.S. average.

Outlook: Schools are only one place where critical learning experiences occur. For better prepared students, parents must spend more time at home reading and working on math with their children, and they should limit the time they spend watching television. Employers must participate in education to convey a sense of reality about the world of work. Students should be encouraged to participate in community activities to enhance their sense of self-worth and citizenship. Effective learning of reading, math and work skills can be built on students' efforts to combat the health and social problems we document in this report.

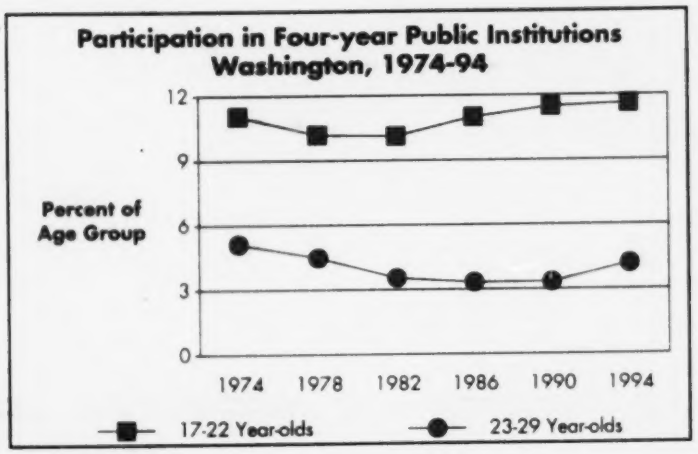
Boys' and Girls' Eighth Grade Math Scores
Percentage Points Above the National Mean
Washington, 1994



Washington girls score a notable 5 percentage points above the national math average.

Male students in Washington score only slightly above the national average.

INDICATOR # 19
ACCESS TO HIGHER EDUCATION



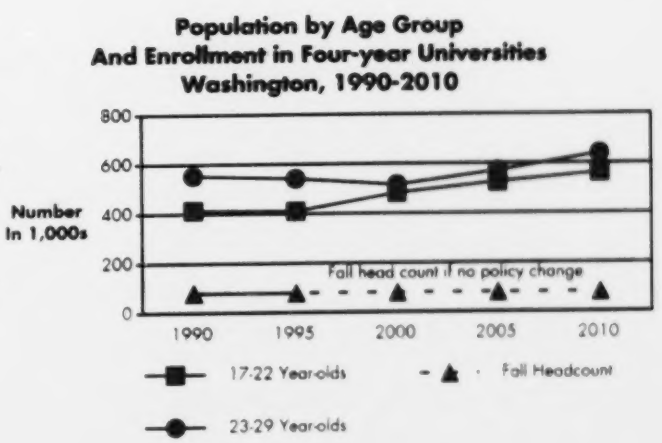
- A 21% increase in high school students is expected over the next five years. This increase will require both more teaching resources and more slots in colleges and universities to accommodate the graduates.

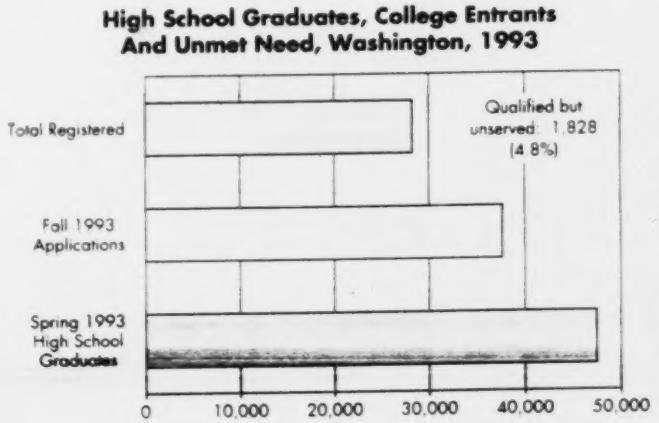
- While K-8 enrollment growth will be lower, it will still require increasing resources, which cannot be shifted to the high school or college levels.

Outlook: The outlook for access to higher education in Washington state is not encouraging. Washington currently ranks 50th among all states and the District of Columbia in the percentage of adult population enrolled in a four-year institution. The percentage of college-age persons enrolled remained flat for a decade, as did the size of this population. But the size of the college-age group is beginning to increase dramatically at a time when state budgets have been rigidly capped. While the state is doing much better at providing access at the community college level, those students who wish to enter a four-year program will face the same crunch.

- The number of young adults in Washington is projected to increase during the next 15 years by 250,000.

With the number of youth in Washington ages 17-29 projected to grow, the state faces pressure to increase access to its four-year public universities.



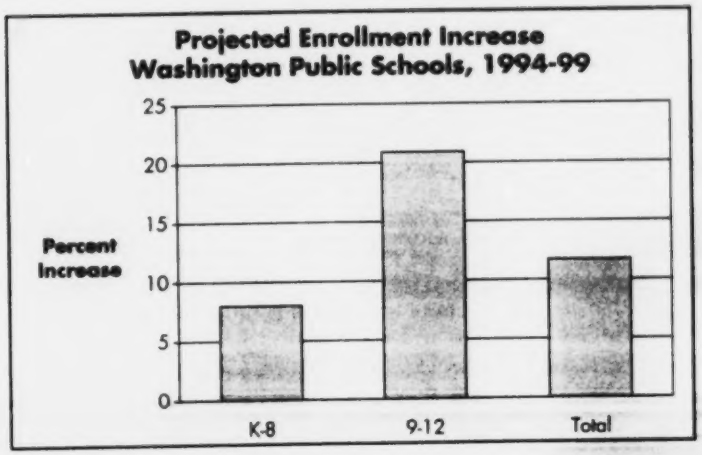


Washington lacks sufficient room in its higher education institutions to accommodate all those qualified who apply.

A 1993 study by the Washington Office of Financial Management showed that about 2,000 qualified students are turned down each year.

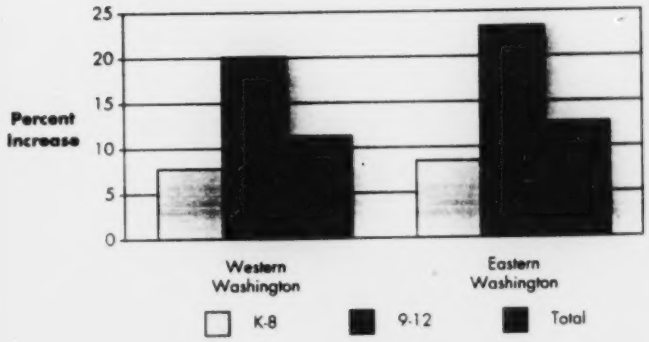
INDICATOR # 20
SCHOOL ENROLLMENT

Driven by the "baby boom echo," public school enrollment in Washington is expected to grow by about 12% over the next five years, with most of the growth concentrated at the high school level.



Outlook: School enrollment is increasing across Washington state, especially for high school students. Such population growth has forced the state to hire new teachers, but the ratio of students to instructional staff has remained flat. Making improvements to reach national levels would require dramatic increases in the number of teachers. The 20% increase in high school students also means we must increase our investment in preventing substance abuse, teen pregnancy and juvenile violence.

Projected Enrollment Increase by Region
Washington Public Schools, 1994-99



- Enrollment will be increasing in both the western and eastern parts of the state.

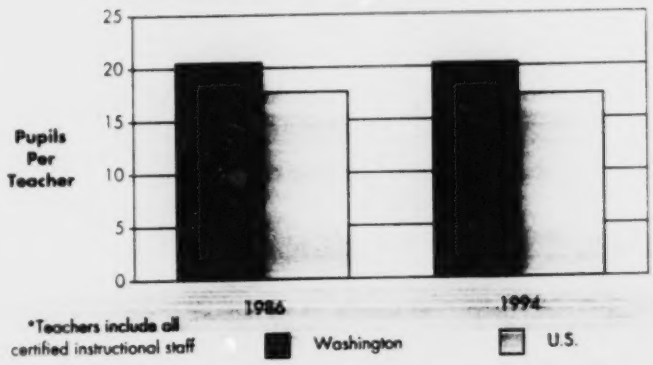
The number of students will grow slightly faster in the eastern half of Washington.

The number of pupils per teacher in Washington is higher than the national average and has barely changed in the past decade.

More than 5,500 new teachers will need to be hired in the next five years to maintain current ratios.

- **We would need to hire an additional 14,000 teachers** to equal the national ratio.

Public School Pupils per Teacher*
Washington and U.S., 1986 and 1994



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RESOURCES FOR EDUCATION

Washington is on a collision course between the growing needs of children and the fiscal limitations imposed by Initiative 601. That measure allows state spending and taxes to increase with population growth, but it does not take into account the increasing growth rate of the dependent population — children and elderly — who require education, health and social services.

- School enrollment is projected to grow by 11.7% over the next five years.
- For high school, the enrollment increase will be 20.9%.

This is due to a demographic wave —the "echo of the baby boom" — moving from elementary to high school. But the number of preschool children needing early education is also increasing.

The pressures of educational funding are already seen in increasing class sizes, diminishing support staff and lack of services. Recently released data from the federal Department of Education show Washington is one of the three worst states in student-teacher ratio and class size, exceeded only by California and Utah. If Washington follows California's lead in fiscal restraint, it may also follow California's decline in public education.

- Washington's students-per-teacher ratio, 20.3, is worse than the national average of 17.3.
- Average class size in Washington is 26 students, compared with a national average of 23 students.

Another alarming statistic is the lack of preparation of a large percentage of math and science teachers in our state.

Fewer than half (43%) the teachers with math as their main or second assignment majored in math. This is a much lower share than the national average of 61%.

More than a third (36%) of Washington teachers with science as their main or second assignment did not have a science major in college. This is worse than the national average (30%).

While our state constitution gives primacy to funding an adequate K-12 education, requiring other programs to be cut first, the influence of such social problems as teen pregnancy, inadequate nutrition, crime, drugs and alcohol require spending on related programs for an increasing number of students if they are to fulfill their educational needs.

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WASHINGTON'S CHILDREN

SAFETY AND SECURITY

Washington children are growing up in an environment that is at once safer and more dangerous than in the past. Our data show that, in many ways, we have made great strides in protecting our children from harm. This is particularly true regarding efforts to reduce unintentional injuries to children:

Motor vehicle-related death rates for older children have dropped by about 25% since 1970. For younger children — who are more likely to be protected by automobile infant seats as well as seatbelts — rates have dropped by more than 60% since 1970.

Children's death rates from all accidents have dropped by more than half since 1970.

There is also evidence that the rising crime rate among our young is starting to level off. Arrest rates for Washington children, and the rate of youth homicide in the state, both dropped slightly in 1992.

But even as we make some progress in protecting our children from harm, dangerous trends are clearly evident in the data:

Both the number of referrals to Child Protective Services and the rate of referrals (as a share of the population of children in the state) continue at high levels. The referral rate is close to double what it was in the late '80s. And advocates believe that most cases of abuse don't even reach the agency's attention.

- Firearms now account for about 1 of every 4 deaths of adolescents, compared with about 1 in 10 deaths in 1970.

- Juvenile arrest rates for violent crime have doubled since the early '80s.

- We are incarcerating more children than ever, at extraordinary cost.

What small progress we've made in stemming violence to and among our children will be seriously threatened in the near future by a steep increase in the number of children in the state who will be 10-17 years old — the riskiest age group for crime and violence.

Meanwhile, resources to prevent violence — through efforts such as family reconciliation services and programs teaching conflict resolution and anger management skills — will come under increasing pressure as lawmakers scramble to finance prohibitively expensive responses at the other end of the continuum — in hospitals and prisons.

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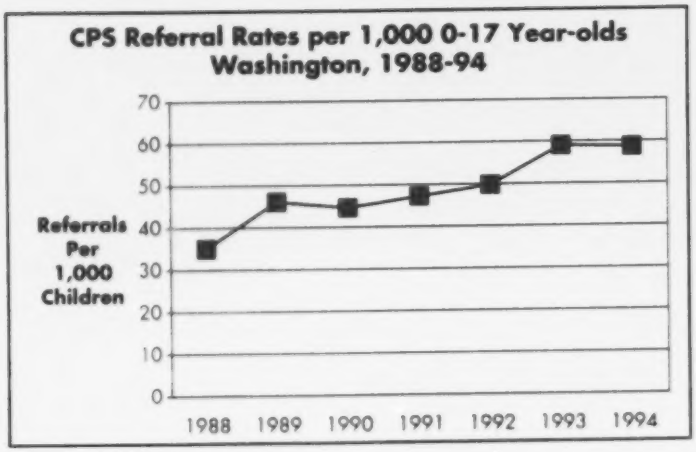
INDICATOR # 21

CHILD ABUSE



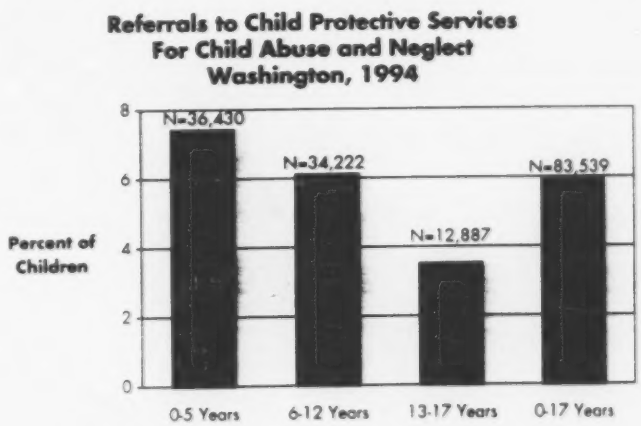
Referrals to Washington's Child Protective Services Agency, which responds to cases of child abuse and neglect, have climbed since the late 1980s.

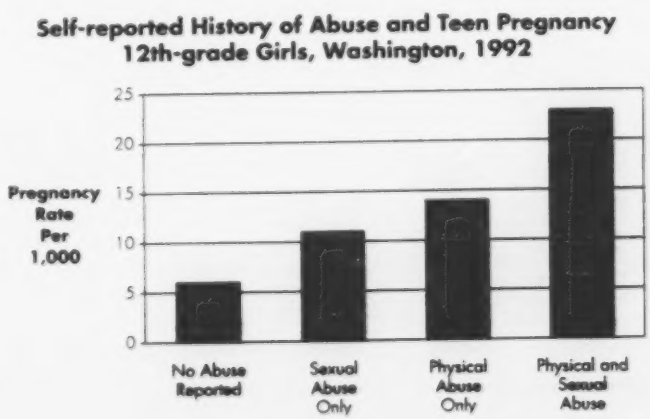
From 1988 to 1994, the rates of referrals to CPS per 1,000 children in the state increased by 68%.

Outlook: Child Protective Services now receives more than 83,000 referrals a year to protect children who are abused or neglected. The growing volume is putting intolerable pressures on the state agency, which in July announced that it was adding a back-up referral line. At the same time, CPS launched an initiative to create Community Protection Teams — including health care providers, police officers and school counselors — to review high-risk cases of young children. This effort is expected to increase the share of CPS referrals that can receive close attention.

Many child advocates believe that most cases of child abuse go unreported.

The largest share of children referred to CPS — 44% — are five years old and younger.





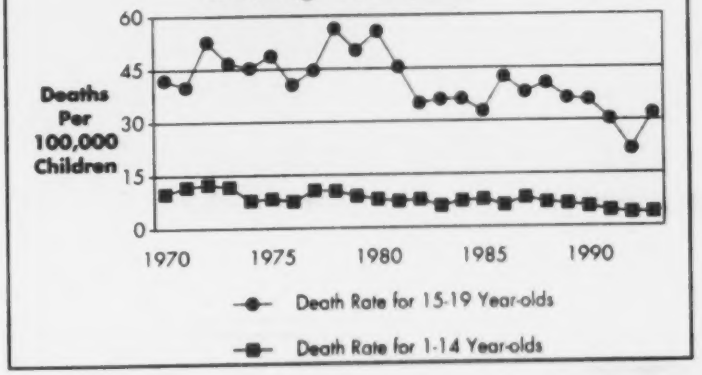
There appears to be a strong association between child abuse and teen pregnancy. Girls who reported having been physically or sexually abused had twice the pregnancy rates as girls with no reported history; those reporting both physical and sexual abuse had rates four times as high.

INDICATOR # 22
MOTOR VEHICLE DEATHS

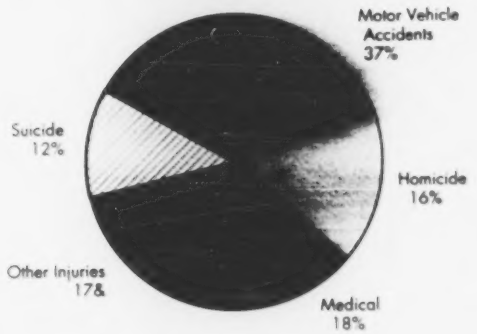
Deaths due to motor vehicle accidents have declined substantially since the 1970s.

We cannot assume that this progress will continue without vigilance and effort. The increase in motor vehicle deaths in 1993 (107 deaths, up from 71 in 1992) among 15-19 year-olds is an example of how these gains can be reversed.

Motor Vehicle-related Childhood Mortality
Washington, 1970-93



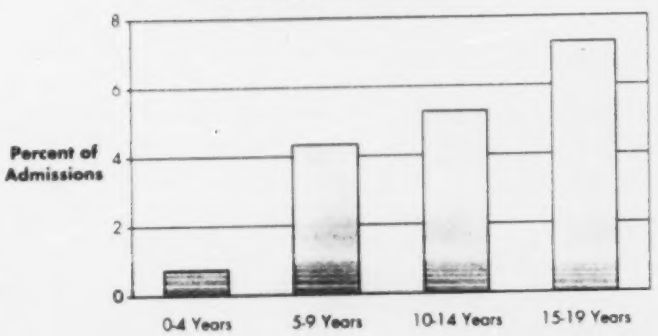
Causes of Death for Children, 15-19 Years
Washington, 1992-93



- Despite this progress, motor vehicle accidents still account for nearly 40% of all deaths among older teens — and twice as many deaths as all medical conditions combined.

Outlook: Despite progress in highway safety, automobile design and laws requiring car passenger restraints, motor vehicles still account for the largest share of fatalities in children 15-19 years old. Fortunately, experts agree that further progress is within our reach — by better use of car restraints, better communication with the public on motor vehicle safety issues (with special efforts to reach non-English-speaking people), wider application of car safety features such as air bags and by maintaining intense efforts to discourage use of drugs and alcohol and driving. Alcohol is still a factor in a third of all motor vehicle-related deaths.

Percent of Hospital Admissions
Due to Motor Vehicle Accidents
Washington, 1992-93



Motor vehicle-related accidents result in a sizable share of admissions to hospitals — and to health care costs.

Among adolescents 15-19 years of age, more than 1 of every 14 admissions is due to a motor vehicle accident.

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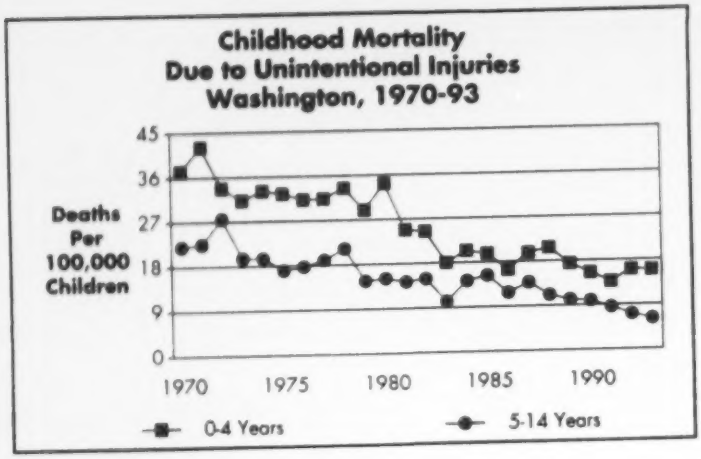
INDICATOR # 23
UNINTENTIONAL INJURIES

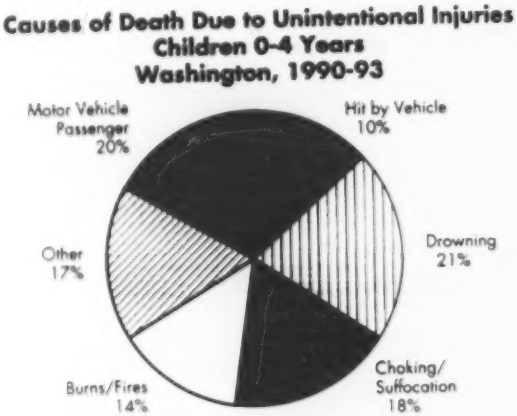


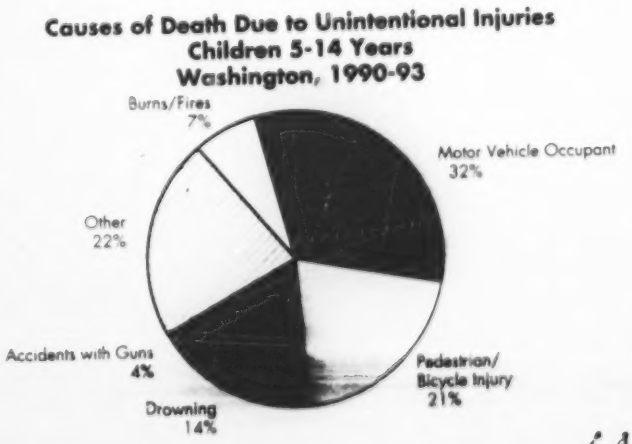
The dramatic decline in deaths due to unintentional injuries in younger children has been one of the greatest successes of the past 25 years. For children 5-14 years old, the rate is a fourth the rate of the early 1970s.

Nevertheless, unintentional injuries still account for a third of all deaths in this age group.

Outlook: Twenty-five years ago, "accidents" were generally viewed as random events that were outside the purview of medicine and even public health. Since then, public programs (many originating in Washington) that have established poison control centers, required car passenger restraints, regulated hot tap water temperature and promoted the use of safety devices such as smoke alarms and bicycle helmets have demonstrated that many accidents can be prevented. In the future, educational efforts aimed at improving parental awareness may result in a further decline in the rate of unintentional injuries. But recent congressional efforts to reduce the authority and size of federal safety agencies may severely curtail some programs.

Among children 0-4 years old, most injury deaths are due to accidents that are preventable: drowning, choking, burns and injuries involving motor vehicles.





For older children, unintentional injuries account for 40% of deaths.

Motor vehicle and pedestrian/bicycle injuries are the principal killers, but in recent years, guns have caused 4% of accidental deaths in this age group.

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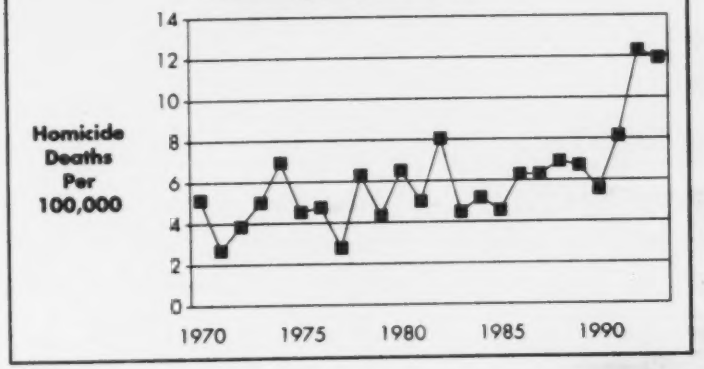
INDICATOR # 24

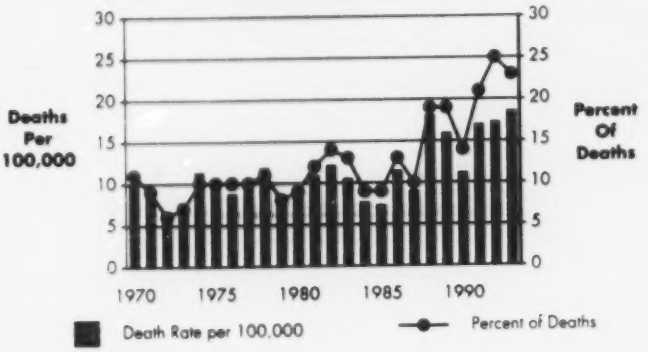
HOMICIDE AND VIOLENCE

After rising rapidly in the early 1990s, the rate of youth homicide leveled off between 1992 and 1993. The rate, however, remains significantly higher than in previous decades.

Homicide Death Rate of Children 15-19 Years Old Washington, 1970-93



Firearm-related Deaths, Children 15-19 Years Washington, 1970-93

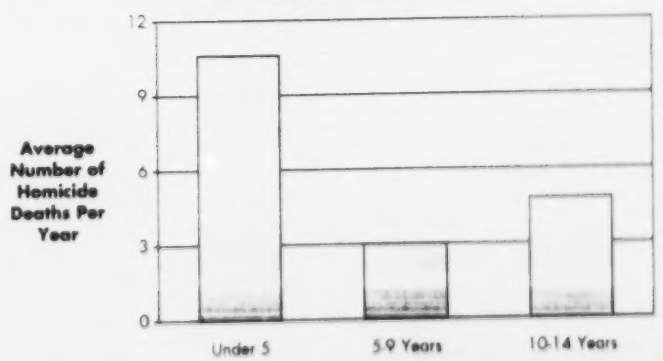


• Firearms continue to cause nearly 1 in 4 deaths among children 15-19 years of age.

Outlook: Violence — even youth violence — is not a new phenomenon. But for too many children in our state, violence has become a means of survival, a decision-making tool, a status symbol. Older youths pass it on to younger children; even parents, by their example, pass it on to their children. Reversing this spiral will require national and local campaigns to control the glorification of violence in the popular media. It will require serious measures to reduce access to firearms. And it will require creation of opportunities to show children that there are better ways to solve problems, achieve self-esteem and progress through life than through violent means. Neither parents, the police nor any other government agency can solve this problem alone.

Although the majority of homicide deaths of children (61%) involve teenagers 15-19 years old, in recent years, nearly 20 children under the age of 15 have succumbed to homicide each year. Children under 5 account for more than half of these deaths.

Homicide Deaths of Children under 15 Washington, 1989-93



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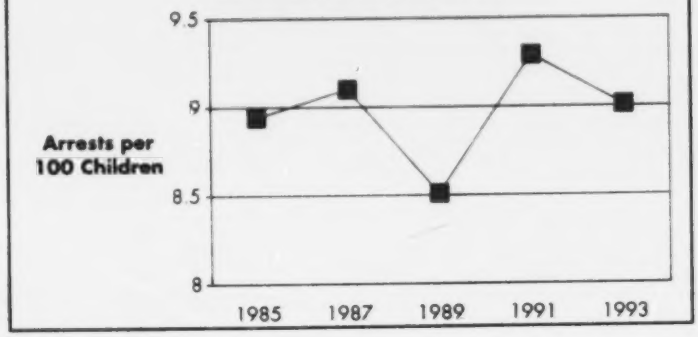
INDICATOR # 25
JUVENILE ARRESTS

Juvenile Arrest Rates for All Offenses
Children Ages 10-17
Washington, 1985-93



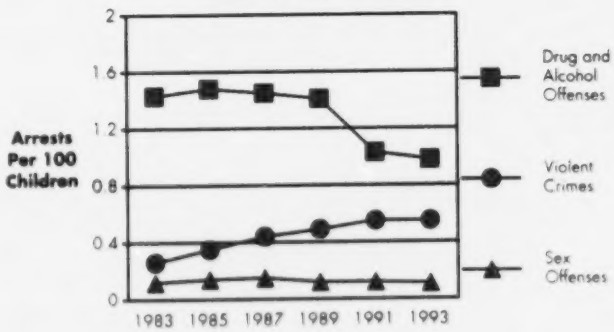
In 1993, 52,831 juvenile arrests were reported in Washington, the highest number ever.

The number of arrests have increased along with a significant rise — 12% since 1990 — in the number of children in the state who are from 10 to 17 years old.

Arrests *rates* for all Washington children actually declined by nearly 3% from 1992 to 1993. About a fourth of all arrests were of females.

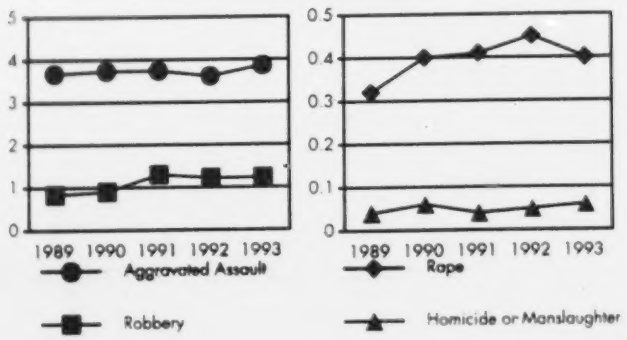
Outlook: Washington's juvenile justice system is girding itself for an increase in the age cohort of youth — 10-17 years old — that is considered the most at-risk for juvenile crime. This age group has increased by more than 12% since 1990 and will increase about 9% more by 2000. Juvenile arrest rates, though 14% higher in 1993 than 1983, had begun to level off. Will this demographic trend send arrest rates up again? The answer lies in our ability to identify and develop constructive interventions for the youth that a wealth of state and national studies tell us are most at risk: children growing up in poverty; kids having trouble in school; and victims of child abuse and neglect.

Juvenile Arrest Rates by Selected Offenses
Children Ages 10-17
Washington, 1983-93



Violent offenses comprise only about 6% of all juvenile arrests in Washington, but the arrest rate for violent crimes has nearly doubled over the past decade.

Juvenile Arrests for Violent Crimes
Rate per 1,000 Children Ages 10-17
Washington, 1989-93



The number of arrests made of juveniles for violent offenses during 1993 (3,252) was the highest number recorded.

The overwhelming share of juvenile arrests for violent crimes are for aggravated assault.

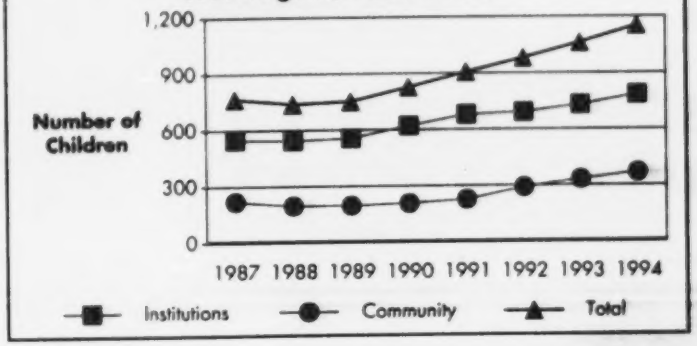
INDICATOR # 26
JUVENILES IN CUSTODY

Washington lawmakers continue to lock up more juveniles in 18 county-run detention facilities and in facilities run by the state Juvenile Rehabilitation Administration (JRA).

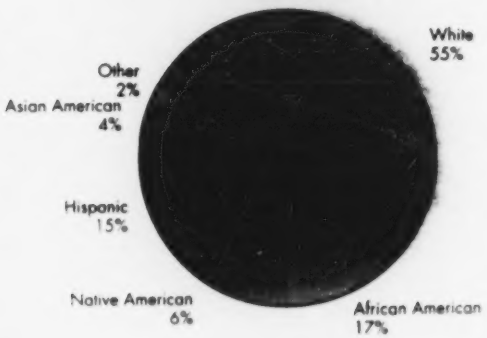
The daily population of JRA programs alone has grown by nearly a third during the early 1990s.

The number of children and youth held in Washington detention facilities rose by 13% from 1992 to 1993.

Average Daily Population
All JRA Facilities
Washington, 1987-1994



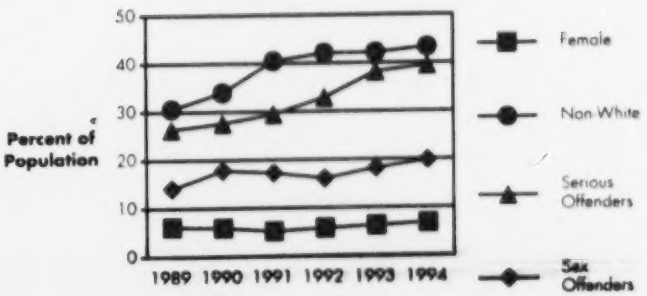
JRA Population by Race and Ethnicity
Washington, June 1994



• Racial disproportionality remains a problem in the county and state corrections systems. Children of color account for less than 20% of all children in the state, but they are 45% of the JRA population.

Children and youth in JRA facilities are increasingly non-White and held for serious offenses.

JRA Client Population
By Type of Offender
Washington, 1989-94*



*January Counts

Outlook: In common with other states, Washington is incarcerating rising numbers of youth. This increase has been somewhat independent of changes in arrest rates; although arrest rates dipped about 3% from 1992-93, the average residential population of the state's JRA facilities rose by 8%. The rise is driven partly by state sentencing policies that attempt to "get tough" with children and youth committing crimes. This direction is at odds with the goals of the Governor's Juvenile Justice Advisory Committee, which opposes efforts to criminalize status offenders and supports graduated sanctions — a policy that reserves secure confinement for the most violent offenders.

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THE COSTS OF VIOLENCE

All Washington residents bear the costs of the violence that is engulfing more of the state's children. Although our data show that rates of youth homicide and suicide are leveling off, public programs that address child abuse and neglect, and those that arrest and incarcerate youth who become involved in crime, are still growing and consuming a staggering share of our public spending on children.

Increasingly, lawmakers face the dilemma of responding, on the one hand, to both budget pressures to trim programs (many of which focus on prevention), and on the other hand, to political pressures to expand programs that deal with the outcomes of violence.

It is impossible to calculate the true costs of violence to children and youth in our state, partly because so many violent acts, and the impact on victims, are never reported. But a recent report from the Washington state Department of Community, Trade and Economic Development estimates three types of costs associated with youth violence that are levied on the taxpayers of the state.

The costs of incarceration: The statewide average cost of detaining a child or youth in a state-run juvenile rehabilitation facility is now $47,000 a year, not including the loss of property and other damages leading to incarceration. As we note in this report, the average daily population of the state's Juvenile Rehabilitation Administration facilities alone now exceeds 1,200.

Medical costs associated with suicide: In 1991, the costs of hospitalizing youths 15-24 years old because of suicide attempts were $22 million in Washington, according to an analysis from the Children's Safety Network.

Crime: The average criminal justice-related costs per adjudicated sexual assault offender is about $11,000.

The same report points out that prevention programs are a better value than "after-the-fact remedies." Case management for even the highest risk youth in the state costs about $1,000 a month. Other investments — to reinforce families, schools and neighborhoods — will likewise save bigger outlays down the line as well as make for more secure communities.

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WASHINGTON'S CHILDREN

SOURCES

Family and Community

Pages 11-16

#1 Family Composition — 1 and 2) Washington state Department of Health Center for Health Statistics 3) Hernandez, JD. *American Children* New York. Russell Sage Foundation. 1993.

#2 Births to School-Age Mothers — 1) DOH/Health Statistics 2) Stock, Jacquie, Master's thesis, UW School of Public Health and Community Medicine, Maternal and Child Health Program 3) DOH/Health Statistics

#3 Children in Out-of-Home Care — All data from the Washington state Division of Children and Family Services

#4 Parents' Educational Attainment —1 and 2) U.S. Census Bureau 3) *Adult Literacy in Washington — Results of the State Adult Literacy Survey*, May 1994

Economic Well - Being

Pages 17-22

#5 Family Income* — 1) U.S. Department of Commerce, Bureau of Economic Analysis 2) Washington state Department of Economic Security 3) U.S. Census Bureau

#6 Employment — All data from Washington state Department of Employment Security

#7 Support for Children — 1) DSHS Office of Research and Data Analysis; Washington state Department of Employment Security; Joint Committee on Taxation, U.S. Congress 2) DSHS Office of Child Support Enforcement 3) U.S. Census Bureau

#8 Distressed Areas — 1) Washington state Department of Employment Security 2) U.S. Department of Commerce, Bureau of Economic Analysis 3) Washington state Offfice of Financial Management, Forecasting Division

*All earnings and personal income data were converted to 1994 dollars using the Western Region Consumer Price Index

Health

Pages 23-32

#9 Low Birthweight — 1) All data from DOH/Health Statistics

#10 Infant Mortality — 1 and 2) DOH/Health Statistics 3) Powell, Susan, Master's thesis, UW School of Public Health and Community Medicine, Maternal and Child Health Program

#11 Infectious Diseases — 1 and 2) DOH Office of Immunization and Tuberculosis Services 3) DOH Office of STD Services

#12 Childhood Mortality — All data from DOH/Health Statistics

#13 Hospitalizations — All data from the Comprehensive Hospital Abstract Reporting System (CHARS)

#14 Oral Health — All data from the Washington state Department of Health, *The Oral Health of Washington Children and an Oral Health Surveillance Plan, 1994*

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#15 Substance Abuse — All data from DOH, *Survey of Adolescent Health Behaviors*, 1988-1992

#16 Suicide — 1 and 2) DOH/Health Statistics 3) DOH, *Youth Suicide Prevention Plan for Washington State*, January 1995.

Education

Pages 33-38

#17 Fourth Grade Reading — All data from 1994 *NEAP Reading: A First Look*, National Center for Education Statistics

#18 Eighth Grade Math Scores — All data from Washington state Office of the Superintendent of Public Instruction (OSPI)

#19 Access to Higher Education — 1) All data from OFM Forecasting Division

#20 School Enrollment — 1) All data from OSPI

Safety and Security

Pages 39-46

#21 Child Abuse — 1 and 2) Data from Child Protective Services 3) DOH, *Survey of Adolescent Health Behaviors*, 1988-1992 report

#22 Motor Vehicle Deaths — 1) and 2) DOH/Health Statistics 3) CHARS

#23 Unintentional Injuries — All data from DOH/Health Statistics

#24 Homicide and Violence — All data from DOH/Health Statistics

#25 Juvenile Arrests — All data from the Governor's Juvenile Justice Advisory Committee, 1994 *Juvenile Justice Report*

#26 Juveniles in Custody — All data from the Governor's Juvenile Justice Advisory Committee, 1994 *Juvenile Justice Report*

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WASHINGTON KIDS COUNT

This is the fourth annual report on *The State of Washington's Children*. It was produced by the University of Washington School of Public Health and Community Medicine in collaboration with the Institute for Public Policy and Management of the Graduate School of Public Affairs. This report is part of the Washington Kids Count Project, which receives major funding from the Annie E. Casey Foundation, the Boeing Company and the city of Seattle.

Washington Kids Count Steering Committee: Richard Brandon, Project Director, Washington Kids Count (chair); Frederick A. Connell, UW School of Public Health and Community Medicine; Peter Berliner, The Children's Alliance; Andrew Gordon, UW Graduate School of Public Affairs; Mark Gardner, UW Human Services Policy Center; Aaron Katz, UW Health Policy Analysis Program; Betty Jane Narver, UW Institute for Public Policy and Management; Alice Porter, UW Health Policy Analysis Program; Kelly Stockman Reid, UW Human Services Policy Center.

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